
# The Private Sector Mobilization for Family Planning Project

## First Annual Work Plan
## September 15, 2004 – December 31, 2005

Submitted by:

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With Subcontractors:

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**PBSP**
**PNGOC**
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PRISM
PRIVATE SECTOR MOBILIZATION FOR FAMILY PLANNING

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## Section A. Overview

At 2.36 percent, the population growth rate in the Philippines is a serious drag on economic development. A main contributor to population growth is the relatively low prevalence of contraceptive use. About 67 percent of the family planning (FP) commodities and services distributed in the Philippines have been provided by the public sector free of charge (PDHS 2003). Until recently, donors led by USAID have supplied the bulk of the contraceptive commodities distributed through public sector channels. In an effort to counter dependency on donor support for the national family planning program and to develop contraceptive sustainability in the Philippines, USAID is seeking to shift the market to the private sector. There is unmet need in the Philippines and a large proportion of users, particularly women in the work force, have the ability and willingness to pay for contraceptives and these groups comprise a large potential market for the commercial sector to tap.

The Private Sector Mobilization for Family Planning (PRISM) project offers a unique challenge in its mix of private sector-oriented business priorities and its socially oriented family planning imperatives. PRISM must create a new, sustainable private sector market for contraceptive products that matches economic imperatives with social goals. This will be no easy task.

### A1. PRISM's Guiding Themes for Implementation

During the initial outreach and strategic discussions with a wide range of project stakeholders, we have identified four overarching themes that will guide all project interventions during the next five years:

**Theme #1: PRISM's goal must be to build a healthy, competitive market.** Building and increasing market competitiveness will be at the core of our work to build a private sector market for contraceptive products and services. Healthy market competition should:

- Keep prices affordable without sacrificing quality among suppliers, distribution outlets, and service providers;
- Increase and improve product development, innovation, market segmentation, product branding, and customer service;
- Provide contraceptive users with more choices meeting market demand more effectively;
- Spur expansion and growth of private sector FP services and improve the quality of private sector services.

**Theme #2: No free lunch.** PRISM has significant resources to use as we identify targets of opportunity to build the private sector FP market. However, in ALL cases, project resources will be leveraged—which requires cost sharing by partners—to ensure the full buy-in of partners at every level during strategy-building and implementation stages and not just at the check-writing stage. In line with the precepts of USAID's Global

Development Alliance (GDA) initiative that seeks to leverage significant and new involvement in sustainable development efforts, PRISM will forge business-oriented partnerships and agreements where both PRISM and its partners bring resources to the table. As much as possible, this will done using the guidelines for partnership used for USAID's GDA program.

**Theme #3: Profit is Not a Dirty Word.** While some initial pilot efforts may require greater contributions of USAID funds to jump start new efforts, the eventual goal of each and every initiative in a private sector, economically-oriented project *must* be full cost recovery. Without full cost recovery, there will be no sustainability, and as soon as PRISM funding is finished, its initiatives will die. Full cost recovery must be built into every strategy we implement, especially those with partners. In fact, as we engage private sector firms and associations in market development, cost recovery will not be enough to engage or sustain their attention. In these cases, the end result must be a profit.

**Theme #4: Work Through, Don't Do.** The PRISM team will ensure the project's sustainability by working through local institutions wherever possible. The success of this strategy will depend on the level of involvement, buy-in, and ownership of these institutions, businesses, and associations. The interventions PRISM initiates with Filipino partners can capitalize on their business networks and their influence on policy, including implementation at the national and local levels. The end result is a "Filipino to Filipino" approach that will result in sustainable family planning services and market systems installed and operating in Filipino institutions. Thus, PRISM's end-of-project exit strategy begins from day one.

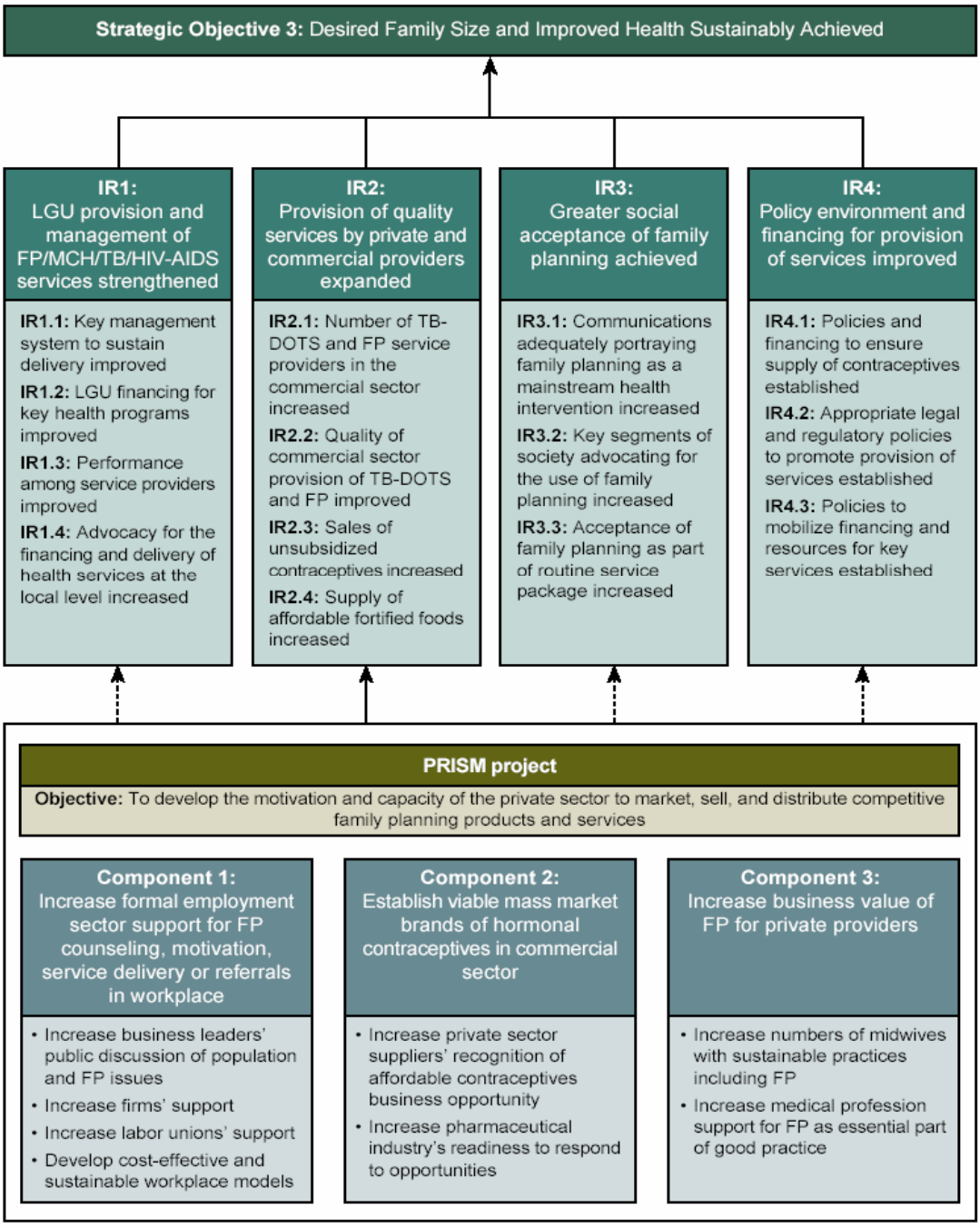
The following is the PRISM plan for assisting the private sector (and the public sector in specific areas) to make the transition from subsidized public supply, characterized by few choices and no market competition to demand-driven supply, characterized by a variety of choices and affordable prices.

**A2. PRISM Results Framework**

The PRISM results framework (see chart on the following page) illustrates how PRISM supports USAID/Manila's Strategic Objective 3 (SO3): *Desired family size and improved health sustainably achieved.* The project falls under Intermediate Result 2 (IR 2): *Provision of quality services by private and commercial providers expanded.* It directly supports increasing the number of commercial sector providers (sub-IR 2.1), improving the quality of family planning service provision (sub-IR 2.2), and increasing sales of unsubsidized contraceptives (sub-IR 2.3).

While the project is the main activity for achieving IR 2, it also directly supports IR 1: *LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened* through the market linkages that will be forged between LGUs and private sector contraceptive suppliers, and through linkages with those LGUs interested in serving as distribution outlets for contraceptives on a cost-recovery or revenue-earning basis.

## PRISM Results Framework



PRISM also feeds into IR 3: *Greater social acceptance of family planning achieved*, and IR 4: *Policy environment and financing for provision of services improved*.

These other three IRs are also supported by the LEAD project (supporting LGUs in health services), TSAP-FP (creating an enabling environment for family planning through communication), the annual family planning survey, and the national demographic and health survey (DHS). The Well Family Midwives Clinics and the FriendlyCare Foundation are two Filipino private provider networks built by USAID to promote its health objectives.

We will achieve these intermediate results by providing three sources for family planning services: the workplace, the commercial sector, and private practitioners (sub-IRs 2.1, 2.2, and 2.3 respectively). We will help each source identify and meet demand, improve customer access to products and services, and expand and improve the quality of available services. USAID's outcome indicator targets are incorporated into the results framework and will later be carefully integrated into the performance monitoring plan (PMP). During the preparation of the original proposal, we analyzed actual sales from International Medical Statistics (IMS) and DKT for 2003, noting that the projections for public and private sector provision for that year were not realized. Nonetheless, our approach to this project will allow us to meet USAID's overall targets.

**A3. Project Organization**

The project is divided into three major technical components with a fourth support component focused on project management and finance. While any project's staffing is bound to change over time, we believe this organization is the best place to start in addressing the challenges of mobilizing the private sector to provide products and services for family planning in the Philippines. The four components are as follow.

**Component 1 focuses on the workplace**. The project will increase the formal employment sector's involvement in FP by promoting workplace support for and provision of FP services. It also will engage trade unions and encourage them to lobby management to provide services and to disseminate FP information.

**Component 2 centers on market development to establish viable commercial, mass-market hormonal contraceptive brands**. The project will support the introduction of new, low-priced but largely self-sustaining brands by manufacturers. It also will assist with the marketing of products and services and with disseminating information to public sector decision makers through mass media activities.

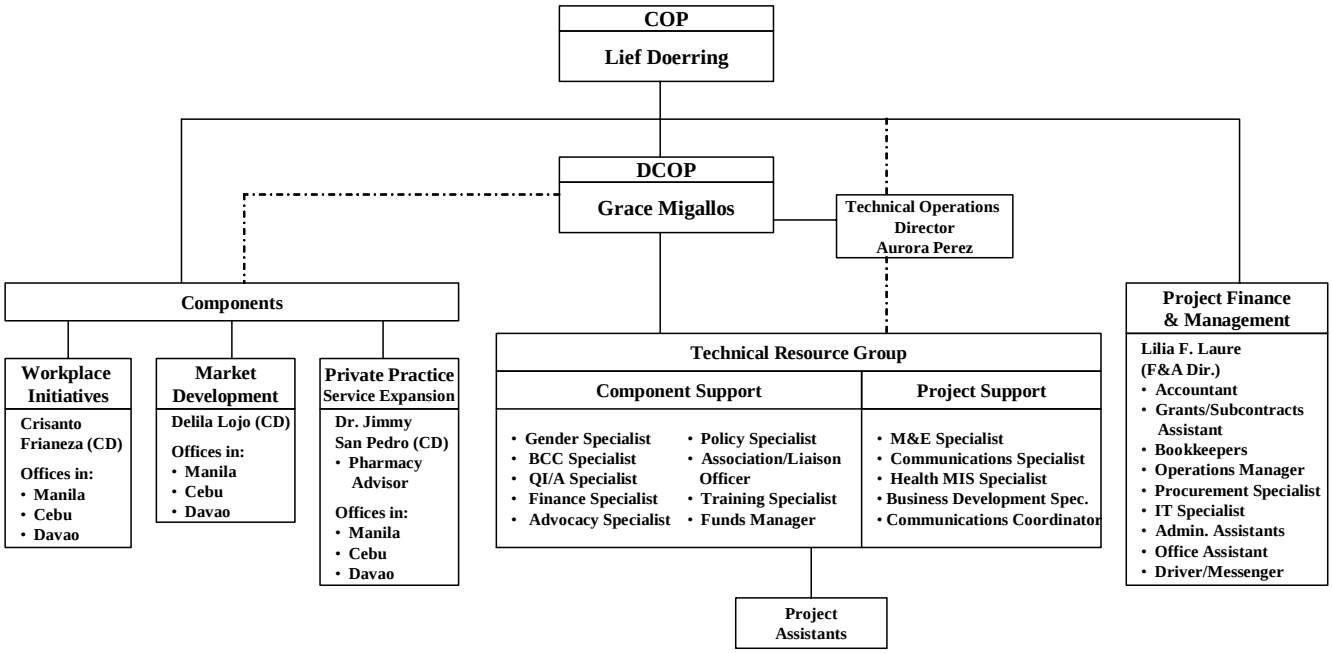
**Component 3 seeks to increase the value and volume of FP products and services offered by private providers.** Activities under this component include helping providers develop sustainable practices that include FP. To help prepare the practitioners, we will provide them with training and materials, connections to suppliers, and marketing support. Component 3 also will address policy barriers to a functioning market.

**Component 4 focuses on the smooth running of the office through efficient information networks and systems and transparent financial accounting to USAID and other relevant partners.** The main objectives will be to set up and maintain efficient administrative, financial, and management systems to support the three technical components above. The project also includes a grant and subcontract program that will be managed out of this component. This program will allow Filipino institutions to conduct relevant research; provide training; and assist the PRISM team to achieve results in the workplace, market development, and private practice components.

Finally, a pool of technical specialists, managed by the Technical Operations Director, has been organized into a **Technical Resource Group (TRG).** These specialists will provide support to each of the technical components and to the leadership on specific project initiatives in their respective technical areas. A condensed version of the PRISM project organizational chart is shown below:

**PRIVATE SECTOR MOBILIZATION IN FAMILY PLANNING**

**Organizational Chart**



## Section B. PRISM Outcome and Process Indicators of Performance

**Project Objective.** The five-year project will motivate and build the capacity of the private sector to market, sell, and distribute competitive family planning products and services.

### B1. Outcome Indicators

As part of the larger community of cooperating agencies (CAs) contributing to achieving results under SO3, the PRISM team will work to achieve the following outcome indicators by the end of the project:

1. Increase the contraceptive prevalence rate (CPR) for modern methods obtained from private sector sources from a baseline in 2002 of 10 percent to 20 percent in 2009;
2. Increase the CPR for modern methods among women of reproductive age (WRA) who are gainfully employed from a baseline of 26 percent in 2002 to 50 percent by 2009;
3. Increase the proportion of satisfied FP users obtaining supplies from private sector sources by 3 percent every year from the baseline that will be established in the 2004 Family Planning Survey;
4. Increase the use of unsubsidized contraceptive pills in the private sector from a baseline in 2002 of 9.1 percent to 53 percent in 2009;
5. Increase in the use of unsubsidized injectables in the private sector from a baseline of 7.3 percent in 2002 to 28 percent in 2009.

### B2. Process Indicators of Performance

In addition to the quantitative outcome indicators in section B1, to make a wider range of contraceptives available and to promote consumer choice and underutilized products and services, the PRISM team will work to achieve the following qualitative process indicators of performance:

1. Increase in the reported importance of population and family planning issues in opinion surveys of the business community;
2. Develop a sustainable model of effective workplace counseling and referrals for family planning;
3. Increase the number of workplaces that adopt a model for family planning counseling and referrals;
4. Increase the use of newly introduced, affordable contraceptives and increase private sector sales of hormonal contraceptives and intrauterine devices (IUDs);
5. Maintain an adequate supply of private sector oral and injectable contraceptives;
6. Increase the number of midwives in private practice and other private practitioners providing family planning services;
7. Increase the use of PhilHealth, private health insurance, or third party benefits for IUDs, bilateral tubal ligation, and non-scalpel vasectomies.

## Section C. PRISM Work Plan by Component

As required in the contract, the PRISM Year One Work Plan covers the 15-month period September 2004 through December 2005. Year one activities and tasks are divided into the four program components described in A3 above, namely:

- **Component 1: Workplace Initiatives**
- **Component 2: Market Development**
- **Component 3: Private Practice Services Expansion**
- **Component 4: Project Finance and Management**

Because planning began in October 2004 prior to the December 17, 2004 deadline, the activities described in October, November, and December have already been completed. For ease in reading, the components have been assigned to sections D, E, F, and G, respectively. Section H is an overview of each of the specific technical areas covered by the TRG and focuses on how the specialists will provide leadership in their technical areas and how they will respond to the needs of the three technical components. Section I describes links with other SO3 projects and donors, and Section J provides details of the year one budget.

For each component we present the expected activities/tasks to be undertaken to reach the annual objectives, the first annual performance objectives, and benchmarks. We describe how each task will contribute to achieving the overall contract objectives. Additionally, we have included the support we will need from USAID and other stakeholders and partners to accomplish the work. Finally, expected completion dates for each of the tasks are illustrated in the work plan Gantt chart included in Annex A.

### C1. Summary PRISM Benchmarks

| Benchmarks | Component | Completion Date |
|---|---|---|
| At least 2 marketing presentations done | 2 | January |
| At least 2 marketing presentations done | 2 | February |
| Grants/subcontracts manual management manual submitted to USAID | 4 | February |
| 1st Quarter Report (Sep-Dec) submitted to USAID | 4 | February |
| Integrated communications plan submitted to USAID | 4 | March |
| Sign 5 MOUs with business associations | 1 | March |
| Produce compendium of workplace FP models | 1 | March |
| At least two marketing presentations done | 2 | March |
| 2-3 MOUs with midwives associations signed | 3 | March |
| Strategic Intervention Plan submitted to USAID | 4 | March |
| PMP and CSP submitted to USAID | 4 | March |
| Develop initial forecast focusing on hormonal contraceptives and shared with partners | 2 | April |

| | | |
|---|---|---|
| At least 2 marketing presentations done | 2 | April |
| Develop training curriculum and materials for detailers/sales reps and drugstore staff | 2 | April |
| Private sector FP workplace policy agenda produced | 3 | April |
| Produce a policy brief on strengthening Art. 134 | 1 | May |
| Midwives' Entrepreneur Program plan completed | 3 | May |
| First round of grants/subcontracts issued | 4 | May |
| 2nd Quarter Report (Jan-Mar) submitted to USAID | 4 | May |
| Plan a campaign to support revisions to Art. 134 | 1 | June |
| Develop 5 union plans for advocacy campaigns | 1 | June |
| Marketing communications campaign launched | 2 | June |
| At least 2 MOUs with professional associations signed | 3 | June |
| Sign at least 1 MOU with supplier | 2 | August |
| 3rd Quarter Report (Jan-Mar) submitted to USAID | 4 | August |
| 2nd Annual Workplan submitted to USAID for approval | 4 | August |
| Produce and deliver progress reports and presentations to professionals forums on PRISM-supported initiatives in workplace FP | 1 | September |
| Establish criteria for workplace innovations and excellence awards | 1 | September |
| Establish family welfare committees in 2 business associations | 1 | September |
| At least 2 training sessions for a new product | 2 | September |
| 10 NGO training teams completed training | 3 | September |
| 200 private midwives completed the MEP | 3 | October |
| Local promotional/advertising campaigns launched in initial MEP areas | 3 | October |
| Implement at least 2 FP workplace programs through partner associations or businesses | 1 | October |
| 4th Quarter/1st Annual Report submitted to USAID | 4 | November |

## Section D. Component 1: Workplace Initiatives

While there are growing national concerns on population in the Philippines, there is a lack of appreciation in the business sector of the links among population dynamics, productivity, and economic development. To improve this will require strategies that increase the business sector's awareness of the challenges and opportunities of advocating for population and FP programs and services. To make these strategies successful, it is important for FP advocates entering the business world to recognize the few reasons that a purely profit-seeking company will initiate major changes to its operations:

- To increase profit (either by lowering costs or raising revenue);

- To respond to competition in the market;
- To respond to employee/union demands;
- To respond to changes in the policy/legal environment;
- To improve or maintain its image, thereby maintaining demand for its products.

Thus PRISM and its partners must make business leaders aware that a family planning program in the workplace pays for itself. Businesses must be brought to realize that workplace FP programs result in:

- Increased productivity due to fewer incidences of pregnancy and maternity-child health absenteeism;
- Increased savings as a result of reduced maternity-related expenses due to prevention of unplanned pregnancies and from reduced costs of replacement for workers going on maternity leave;
- Improved health and well being of workers and their families through activities that provide knowledge on child health, occupational health and safety standards, and family life and relationships.

It should be noted that previous USAID-funded work through projects such as Commercial Market Strategies (CMS) has already brought some firms to understand the need for and value of FP programs in the workplace. Therefore, it will be important for PRISM to work with associations and firms on two levels: those firms and associations that are already aware of the value of FP and are ready to implement FP programs and other potential partners that are not yet either aware or convinced of the value.

It should also be emphasized that partnership with labor will be crucial. For instance, labor-management collaboration on FP activities can promote good working relationships and can provide a neutral venue for discussing issues of mutual concern.

Once a few “leader” firms and other players are brought on board (some of which may already have FP programs in the workplace), our workplace strategy intends to create a critical mass of support that will spur the momentum for corporate support for family planning. This momentum should create a bandwagon effect and pave the way for the involvement of other organizations. The workplace team will also work with major labor unions to integrate employers’ and employees’ interests in population and family planning services and to facilitate joint programs in the workplace.

To further build momentum, the team will ensure sustainability by building the capacities of local institutions, including “leader” firms that are quick to embrace FP assistance, key business associations, and some chambers of commerce. PRISM’s ability to successfully implement this strategy will depend on the level of involvement, buy-in, and ownership of the associations and leader firms. The interventions we initiate with them will also capitalize on their business networks and their influence on policy, including implementation at the national and local levels.

The concept of corporate social responsibility (CSR) is relatively new to the Philippines. Demand for CSR is largely customer-driven and even in developed country markets, acceptance of the concept is still growing. Our workplace strategy rests on the belief that as the demand and willingness to pay a higher price for goods that are produced in a socially responsible manner grow, more and more Filipino firms will become interested in providing FP services as an example of their general corporate social responsibility. This will serve to improve their overall corporate image and at the same time will satisfy their shareholders.

**Component 1 Objectives.** The specific objectives for the workplace initiatives component are to:

- Increase public discussions by business leaders on population and FP issues;
- Increase support by firms for FP counseling, promotion, and service delivery or referrals as appropriate for their workforces;
- Increase support by labor unions for FP;
- Develop and implement cost-effective models of FP for the workplace;
- Identify key policy issues and develop a policy change strategy with partners and other CAs.

The component director will work closely with the managers for Luzon, Visayas, and Mindanao to develop and implement programs in each of these areas. While we have not specifically delineated their roles during year one, the workplace initiatives team will also work closely with our Filipino subcontractors through fixed-price subcontracts developed on an ongoing basis in response to client needs. This will include the development and implementation of FP models for the workplace and other training and outreach activities with PBSP, possible training activities with PNGOC, and the inclusion of the Standard Days Method (SDM) training from the Institute of Reproductive Health (IRH) into the FP training modules.

**Component Benchmarks for Year One.**

- Sign five memoranda of understanding (MOU) by March 2005 with business associations to collaborate with PRISM on population/FP information dissemination initiatives;
- Implement at least two FP in the workplace models with association partners and/or businesses by October 2005;
- Produce and deliver progress reports and presentations to professional forums on PRISM-supported initiatives in workplace FP programs by September 2005;
- Establish criteria for workplace innovations and excellence awards by September 2005;
- Produce a policy brief on strengthening Article 134 by May 2005 and plan a campaign to support revisions to Article 134 by June 2005;

- Establish family welfare committees in two business associations by September 2005;
- Develop five union plans for information dissemination strategies by June 2005;
- Produce a compendium of workplace FP models by March 2005.
- Produce a policy agenda for FP in the workplace by April 2005.

**D1. Component 1 Tasks**

**Task 1.1: Re-establish Network with Business Organizations Previously Committed to Population and Family Planning.**

Increasing support for family planning in the formal employment sector requires strategies that will leverage the influence and networks of business associations. Building on previous relationships, we will re-establish working relationships and expand our networks to include new partners.

*Sub-Task 1.1.1: Meet with and expand the existing network of key business association stakeholders.* This process is ongoing and will continue through January 2005. The workplace initiatives component director and managers will meet with the members of the boards of major business associations that have previously committed to family planning, introduce them to PRISM and its workplace objectives, and discuss basic parameters for collaboration. Our target associations include the Philippine Chamber of Commerce and Industry (PCCI), Employers Confederation of the Philippines (ECOP), Philippine Exporters Confederation Inc. (PhilExport), Federation of Filipino-Chinese Chambers of Commerce and Industry (FFCCCII), PBSP, and the Philippines Inc. To spur the momentum for increased business sector involvement in FP, we will also investigate opportunities to network with other business association not yet committed to population and family planning initiatives such as the Personnel Management Association of the Philippines (PMAP), Philippine Food Exporters Inc. (PhilFoodex), Philippine Retailers Association, Semiconductors & Electronics Industries of the Philippines Inc. (SEIPI), and the Confederation of Garments Exporters of the Philippines (CONGEP.)

*Sub-Task 1.1.2: Work with business association liaisons to establish parameters for collaboration.* Between January and March, we will follow-up meetings with senior business association leaders and association liaisons to establish detailed parameters for collaboration. We will prepare MOU with these associations that commit both PRISM and the associations to specific activities that will define these partnerships. Partnership activities may include technical assistance in areas such as information dissemination training, formulating information dissemination plans on population and FP issues, and developing implementation plans for assisting their member firms to establish FP services for employees.

Sub-Task 1.1.3: *Develop a conceptual and physical map of target associations and firms.* Starting January 2005, PRISM will collaborate with partner associations and firms to map target associations and firms in order to determine appropriate interventions. This will consider factors such as size of firm (SMEs, large firms), nature of workforce (e.g.

female-dominated), type of sector (services or manufacturing), and geographical locations. This exercise will be done in conjunction with Task 4.2 below, setting the overarching project direction for PRISM.

**Task 1.2*:*** **Support Population and FP Information Dissemination Strategies by Business Associations.**

*Sub-Task 1.2.1: Provide information dissemination training to key officers of national and local population committees of business associations.* Between March and May, PRISM will work with its partners to provide this training to enable them to plan information dissemination programs and implement strategies. This work will also be done in close collaboration with TSAP-FP as part of the broader communications strategy developed for PRISM in component four below. Our advocacy and training specialists will play a central role in defining and implementing training. Modules will include information dissemination and planning techniques, technical information on family planning, and mass media skills. PRISM will compile and provide associations with print and audio-visual materials which may be used for information dissemination strategies.

*Sub-Task 1.2.2: Conduct planning sessions to craft information dissemination strategies.* Between April and June 2005, as association members complete information dissemination training, the workplace component team and advocacy specialist will help conduct workshops to plan information dissemination strategies.

*Sub-Task 1.2.3: Provide support to implement information dissemination strategies.* We expect our business association partners to be prepared to launch information dissemination strategies beginning in June and to continue them throughout the remainder of year one. Support will include press releases, television and radio appearances, and dialogue with policy makers. We will also help the associations to present the progress and success of their strategies at business association forums at the end of year one and in the first quarter of year two. These presentations will broaden support for their efforts and will serve as models for business action agendas for workplace FP initiatives.

**Task 1.3: Identify Best Practices for FP in the Workplace for National Expansion**.

The team will collaborate with partners to collate information on existing models to replicate best practices and possibly to identify new models to be tested. Based on factors such as the diversity of firms in terms of size, geographical location, and industrial sector, the team will develop a communication plan targeted at firms which will showcase the value and benefits of FP in the workplace programs.

*Sub-Task 1.3.1: Review existing models.* The review of existing FP models will begin in February and will include other information such as specific FP provisions in company personnel manuals and descriptions of potential new models. It will be completed by April. A draft compendium of best practices will be produced and will serve as the basis for the deliberations of the panel of experts that will be convened.

*Sub-Task 1.3.2: Convene a panel of experts.* In May, we will convene a panel of experts to review the compendium of best practices and recommend models ready for scale-up and new models that should be tested. This panel will include business leaders, particularly from firms with workplace programs, and representatives from relevant NGOs and partners, the labor sector, and health experts.

*Sub-Task 1.3.3: Compete for grants/subcontracts to pilot new models.* This will take place between May and July. The pilots are intended to broaden the range of programs to fit a diverse range of firms. At least two pilot models will be implemented with selected partners or businesses by October 2005.

*Sub-Task 1.3.4: Support implementation of grants/subcontracts with technical assistance.* This support will ensure that quantitative and qualitative data necessary for rigorous assessment of the pilot models is gathered.

*Sub-Task 1.3.5: Conduct a national best practices forum.* The forum will be held in October and will present the results of the review of workplace models and updates on the implementation of models recommended for scale-up and piloted models. Discussions are expected to result in recommendations on how to effectively replicate best practices. We will prepare a report on the forum and disseminate it to various sectors, including government.

**Task 1.4: Identify and Support Innovative Approaches to Providing Workplace FP Programs.**

Aside from information dissemination strategies, the team will implement initiatives to intensify interest and generate more support for FP in the workplace among business leaders. This includes awarding grants or subcontracts to business associations, firms, and NGOs that propose innovative approaches to supporting or providing FP services in the workplace. We may also work with an interested association to develop an "FP Excellence in the Workplace" awards program. We have not included this as a specific PRISM-led task, as it will be done through the grants/subcontracts process with involvement of a partner. This task is directly linked to the establishment of the grants management system – including the approval of a PRISM grants management manual – outlined in detail in component four below.

*Sub-Task 1.4.1: Develop criteria and solicit grant/subcontract applications.* During April and May, the team will work with our funds specialist to develop a set of criteria to award grants or subcontracts to organizations that wish to implement innovative FP programs in the workplace. Several categories may be created including grants or subcontracts for business associations, individual firms, and NGOs; grants or subcontracts targeting small and medium-sized firms; and grants or subcontracts for firms owned by women. We will solicit competitive proposals based on these categories.

*Sub-Task 1.4.2: Evaluate grant/subcontract applications.* We will appoint a grants/subcontracts proposals review committee in June to evaluate applications and

select grantees and subcontracts. Solicitations for grants versus subcontracts may be done separately, based on the design of the request for proposals/applications. We will negotiate terms and sign awards in July.

*Sub-Task 1.4.3: Provide technical assistance for implementation.* Beginning in July, we will provide technical assistance to grantees/subcontractors as needed, tapping PRISM's TRG specialists and partner organizations as appropriate.

*Sub-Task 1.4.4: Document and Disseminate Results.* By the end of the first quarter of year two, we will produce a report to document the early results of grant/subcontracts initiatives. We will disseminate this report to members of business associations and other key stakeholders as well as to USAID, as appropriate.

**Task 1.5: Support business associations to implement a policy dialogue and information dissemination plan on key FP in the workplace issues.**

It will be critical for PRISM to identify key policy issues affecting the implementation of FP in the workplace models and strategies. For example, Article 134 of the Philippine Labor Code states that firms with 200 employees or more should provide family planning services in the workplace. However, this mandate has not been fully enforced primarily because DOLE lacks the resources to do so. Other policy issues will undoubtedly affect PRISM's work in this component. As such, PRISM will develop a policy agenda for the workplace initiatives component by April 2005.

*Sub-Task 1.5.1: Conduct regional consultations with stakeholders.* PRISM will award a grants or subcontracts to business associations or NGOs to conduct regional consultations in March and April. At least one of these grants or subcontracts will be focused on how to put "teeth" into Article 134. This could include exploring ways that partner associations or firms could implement positive strategies for self-regulation, not just harsher enforcement. These consultations will be conducted with business leaders, labor leaders, and DOLE officials. Ways to promote compliance as well as consequences for non-compliance and a means for mobilizing resources for DOLE to improve monitoring and enforcement will be explored. PRISM will produce and disseminate a report drafted by the grantee or subcontractor on the results of the consultations including specific policy recommendations. Other grants or subcontracts would focus on other policy issues that are identified.

*Sub-Task 1.5.2: Support business associations to prepare policy and information dissemination strategies.* This will take place in May and June, based on the policy agenda completed by April 2005. The PRISM team and the advocacy specialist will provide technical assistance to develop an information dissemination strategy directed at legislators, including specific attention to Article 134.

**Task 1.6: Organize Roundtable Discussions with Business Leaders, Employers, and Health Insurance Industry Leaders to Promote Expanded Insurance Coverage of FP**

Many business leaders committed to family planning need to better understand that insurance coverage for FP services can finance them. Similarly, insurance companies must be convinced of the value of this coverage and that the business sector may be a significant market for an insurance package with expanded FP coverage. This task aims to find a common ground for collaboration and to create a plan of action to promote expanded insurance coverage of FP.

*Sub-Task 1.6.1: Conduct consultations with stakeholders.* In January and February, working with our finance and policy specialists, the workplace initiatives team will conduct regional consultations with business leaders and other stakeholders to identify issues and prospects concerning the integration of FP services and products in insurance packages. Through this process, we will identify candidates to participate in the roundtable discussions.

*Sub-Task 1.6.2: Work with a partner to organize roundtable discussions.* In March, PRISM will award a grant or a subcontract to an employers' association to organize and lead regional roundtable discussions among business leaders, employers, and health insurance industry leaders. As part of the process, separate preparatory sessions for both business leaders and health insurance leaders will be conducted to identify and characterize issues, concerns, and perspectives on expanded insurance coverage for FP.

*Sub-Task 1.6.3: Support roundtable discussions.* In May, August, and November, the workplace team will support an employers' association to organize and conduct a roundtable discussion in each of the project regions. The outputs of these discussions will define the agenda for a national forum of employers and health insurance industry leaders.

*Sub-Task 1.6.4: Conduct a national roundtable discussion.* The workplace team and finance specialist will work with a selected partner to conduct a national roundtable discussion in December 2005. Results from regional and national forums will be documented and disseminated to key stakeholders. Using results from both regional and national forums, PRISM will produce a consolidated action program which the project will support beginning in year two.

*Sub-Task 1.6.5. Develop a plan to disseminate information about, and show value of, existing PhilHealth FP coverage.* We will work with partners to develop a plan to disseminate information to business firms on the existing FP coverage offered by PhilHealth, as many firms and business leaders are likely unaware of the coverage offered.

Later in year two of PRISM, the project can possibly begin exploring working with other insurance providers to expand insurance benefits packages to include FP counseling and services. This could also include exploring the value of having insurance as an option to finance the implementation of FP in the workplace programs.

**Task 1.7: Establish a Family Welfare Committee in Human Resource Development Associations.**

The team will support establishing family welfare committees in human resource development (HRD) associations. As distinguished from other business associations, HRD associations are composed of HRD and personnel managers who have direct influence in formulating and implementing internal company policies. In establishing these committees, HRD associations will be able to provide technical assistance to firms interested in establishing workplace FP programs. These committees will also be encouraged to function as the central information unit and lead advocate on population and FP issues for the association.

*Sub-Task 1.7.1: Engage HRD associations' interest.* In January and February, the workplace initiatives team will convene the officers of HRD associations in a forum to discuss prospects for FP service provision in the workplace, identify barriers, and formulate strategies on how to overcome them. We will also provide them with an overview of the workplace component, discuss basic requirements for setting up a population committee in the association, and obtain commitments to move forward.

*Sub-Task 1.7.2: Conduct planning sessions and formulate work plans to establish committees.* In March and April, the team will support interested HRD associations in conducting workshops to formulate work plans to establish family welfare committees and to engage member firms to provide FP services to their employees.

*Sub-Task 1.7.3: Award grants/subcontract to associations to implement the work plans.* Grants and/or subcontracts will be solicited and awarded in April and May.

*Sub-Task 1.7.4: Support implementation of grant/subcontracts to establish the committees.* PRISM will support and monitor the establishment of the partner committees from June through November 2005.

**Task 1.8: Support Efforts of Labor Unions to Promote FP among their Members.**

PRISM will support labor union efforts to increase workers' interests in and demand for workplace FP programs and to advocate employers for them. The interventions will facilitate integration of employers' and employees' interests in population and family planning.

*Sub-Task 1.8.1: Assess existing labor union initiatives on population/FP.* This will take place by February and will help avoid overlaps in program implementation and will build on existing successes.

*Sub-Task 1.8.2: Design information dissemination training program for labor union leaders.* Between February and April, the workplace team and specialists will use results from the assessment to design the training program.

*Sub-Task 1.8.3: Train leaders and support information dissemination planning.* Between May and July, PRISM will support a partner to implement a training program for union leaders on key information dissemination techniques that provides technical knowledge on population and FP and mass media skills. As the leaders complete the training program, we will support labor unions to formulate information dissemination work plans and strategies.

*Sub-Task 1.8.4: Support Implementation of the Information Dissemination Plans.* Beginning in July, the advocacy specialist and the workplace team will provide technical assistance as needed to implement information dissemination strategies and to present their successes at labor conferences and chapter meetings.

**Task 1.9: Convene an Employer-Labor Summit to Unify Employers' and Employees' Interests in Population and FP**

Joint efforts to promote and implement FP services in the workplace will promote an improved workplace environment and show government that the labor and business sectors are in agreement with respect to the need for such programs and for government to enact enabling policies.

*Sub-Task 1.9.1: Conduct three regional forums.* Working through partner organizations, PRISM will assist in conducting three regional forums. These will take place in February, May, and July and will highlight similarities and differences in how employers and labor view population and FP issues. Potential areas of information dissemination and collaboration will be identified along with candidates to participate in the national summit.

*Sub-Task 1.9.2: Use results of regional forums to plan national summit.* Between March and July, the component team will coordinate with representatives from the employer and labor groups to collate results, generate a report of the proceedings, and craft the agenda for the national summit.

*Sub-Task 1.9.3: Conduct national summit.* This will take place in October. We will identify a neutral facilitator for the summit and engage a partner to lead the event itself.

*Sub-Task 1.9.4: Prepare a forward action plan to implement agreements resulting from the summit.* This will take place during the first quarter of project year two.

## D2. Critical Support Needed from USAID and Partners

### D2a. Support Needed from USAID

Successful implementation of the workplace component will depend on coordination with USAID during program planning and implementation.

- *Activities of other CAs.* As detailed in Section I below, PRISM will work directly with key CAs such as TSAP-FP and LEAD on workplace initiatives. However, the

PRISM team may still need information from USAID on the activities of these and other CAs at certain times. This would include regular updates on the implementation of their projects, such as changes or modifications to their implementation strategies or scopes of work, in order for PRISM to make adjustments in its work program to avoid overlap in activities or duplication of efforts particularly with respect to target groups. We recognize that the bulk of the burden of inter-CA coordination rests with PRISM; however, USAID's facilitation may be needed at certain times.

- *Information on best practices*. In addition, USAID can provide information on best practices in establishing partnerships and in implementing programs with stakeholders. This will avoid problems in implementation.
- *CA Activities in other sectors.* The team can also benefit from the input of CAs in other sectors to get a better perspective on its work program, particularly the components involving small and medium enterprises and governance. As possible, PRISM will seek this information directly from the CAs, such as MABS, but again USAID's facilitation of information sharing may be needed.
- *Contraceptive self-reliance updates*. The work program will benefit from integrating information on initiatives by the private sector in similar countries to further strengthen the business case for providing FP services in the workplace.

### D2b. Support Needed From Other Partners

*Business Associations.* The team will need information on business associations such as the mission/vision, organizational structure, and plans of action as well as access to their regional networks and affiliates. This can be facilitated by national business leaders.

*Non-Governmental Organizations.* NGOs can provide the team with knowledge on best practices. The work program can be analyzed in the light of these, and adjustments can be made. They can also provide technical expertise in marketing programs to firms, in setting up programs, and ensuring sustainability. NGO will also provide access to their respective networks that may include business firms, technical experts, and LGU partners.

### D2c. Support Needed From Government of the Philippines (GOP) agencies

The team will need technical input from three government agencies. The **Department of Health (DOH),** particularly its regional offices, will supply updates on the family planning program and will provide resource persons to present the government's FP programs during regional forums and to promote networking between the department and business associations. PRISM will identify a key counterpart within the DOH as a liaison to the project, with the objective of setting up a system for information exchange. PRISM will also work closely with TSAP-FP and LEAD to determine who takes the lead on specific activities involving the DOH.

The **Population Commission** will provide information on population trends here and abroad and the latest updates on proposed legislation or policy changes. More

importantly, it can provide another venue in which the business sector can propose policy changes through the private sector representative on the board.

**DOLE** can provide updates on the implementation of Art. 134 of the Labor Code and other possible policy initiatives. PRISM will act as the lead CA for collaboration with DOLE on FP in the workplace initiatives. The team will work with DOLE to refine the work program through technical assistance in setting up workplace programs to ensure that they comply with the law and through providing resource persons at workshops and forums organized by business associations.

## Section E. Component 2: Market Development

There is currently a large gap between the selling prices of subsidized family planning products and those of unsubsidized, commercial products. This gap can be filled with new brands launched through a properly segmented competitive market. An overarching goal of component 2 is therefore to develop a functioning private sector market chain for family planning products and services using the “total market approach" described by Michael Porter. We will identify and develop the entire market chain, from suppliers to distributors to private providers to customers. The existing FP market must be expanded both horizontally (a greater variety of products) and vertically (a wider range of product prices).

The main objective for component 2 is to establish viable mass market brands of oral and injectable contraceptives in the private sector. The component also aims to help achieve USAID’s projected targets for commercial sales of family planning commodities with a focus on hormonal contraceptives.

To meet these targets, the market development team and TRG will work to improve the enabling environment for commercial sales of contraceptives. We will make available all needed market intelligence on the new business opportunities of affordable contraceptives. These will help wake up the pharmaceutical companies and get them to respond through new product launches and promotional activities.

Technical assistance and resources will support the introduction of new, medium-priced oral contraceptives and injectables. Assistance and resources will initially be directed at “targets of opportunity” in the market chain to facilitate new entrants including suppliers or distributors. As an example, it will be critical that the market development team seek ways to maximize positive private sector expansion of FP in conjunction with the GOP’s *Ligtas Buntis* door to door campaign as well as the larger Contraceptive Self-Reliance Strategy.

Activities will be closely monitored against process and input indicators. A clear policy agenda for PRISM’s market development component will be developed in close collaboration with LEAD’s policy initiatives in this area. For example, policy initiatives may include the demedicalization of oral contraceptives, shorter registration time for new drugs through BFAD may be developed, or the inclusion of commercial formulations in the Philippine National Drug Formulary (PNDF). In addition, quantitative data will be

collected and updated to monitor project progress. Market research studies will be conducted as necessary as per the monitoring and evaluation tasks listed in component 4 below.

**Component 2 Coordination.** The market development director and three regional market development managers will coordinate with the TRG and with their respective counterparts in component 1 (workplace), component 3 (private providers), LEAD, and TSAP-FP to help ensure proper and synchronized implementation of activities.

The activities of component 2 are expected to lead to a wider base of users of modern contraceptive methods and to faster growth in the medium-priced segment of the market. These efforts will play a major role in achieving the overall project objective of developing the motivation and capacity of the private sector to deliver quality FP products and services.

**Component 2 Benchmarks for Year One**

- Initial annual forecast with focus on hormonal contraceptives to be shared with all potential partners by April 2005;
- A minimum of two marketing presentations a month from January to April 2005;
- At least one MOU signed with a supplier by August 2005;
- A minimum of two training sessions for a new product completed by September 2005;
- Training curriculum and materials for detailers/sales representatives and drugstore staff by April 2005;
- Marketing communications campaign launched by June 2005.

### E1. Component 2 Tasks

**Task 2.1: Develop and Update Baseline Data and Forecasts**

All relevant market data and information will be collected and analyzed to serve as baseline information for the project and its partners as well as for a basis for the annual forecast. The baseline data will include details of other brands that can be sourced from other countries in the ASEAN/Asian region. It will also include an analysis of the sustainability of social marketing initiatives, especially those of DKT.

*Sub-Task 2.1.1: Develop background information on existing brands.* Historical data on oral contraceptives and injectables will be collected and classified. Major categories are those donated to the public, those purchased by LGUs, and those that are subsidized and unsubsidized/commercial products. A corresponding breakdown on a regional basis will be determined. Data will be gathered from 2002, the year prior to the start of phasing down USAID donations. Other data on the status of all existing brands including formulation, pricing/packaging, financing options, promotional activities, and distribution systems will also be gathered, including a profile of existing local suppliers. This sub-task will run from November to December 2004.

*Sub-Task 2.1.2: Establish data on existing distribution channels.* From January through February 2005, baseline data on key distribution channels and corresponding brand shares will be collected. A geographic breakdown of data will also be established.

*Sub-Task 2.1.3: Develop data on all brands in the ASEAN/Asian region.* This will include formulation, packaging, and pricing and will be collected from February to March 2005. These brands will be new brands that can potentially be introduced to the local market. PRISM will take the lead in gathering this regional data, but work in close collaboration with the centrally-funded Private Sector Project (PSP) which is also looking at supply and price issues for contraceptives globally.

*Sub-Task 2.1.4: Consolidate and analyze baseline data.* From February to March 2005, all data gathered will be analyzed and reviewed with the key project managers and USAID. The information on the commodities to be phased down will be considered in the annual forecast.

*Sub-Task 2.1.5: Develop a basis for market projections and deliver forecast each year.* The first annual forecast will be finalized by April 2005 and will be shared with project partners in the same month.

*Sub-Task 2.1.6: Update baseline data and develop quarterly forecast.* Data on general sales, donated products, sales through LGUs, and sales through midwives will be collected and used as basis for new forecasts. This will be done quarterly starting May 2005. The accuracy of the forecast will also be measured quarterly.

*Sub-Task 2.1.7: Share data and market intelligence with project partners.* Starting in June 2005, updated information and new forecasts will be shared with partners and other stakeholders every quarter.

### Task 2.2: Increase Competitiveness of Pharmaceutical Companies to Market Contraceptives

PRISM will work through the Philippine Chamber of the Pharmaceutical Industry (PCPI) to increase the competitiveness of the contraceptive industry. In contrast to past efforts of donors, PRISM will shift its focus from multinational companies to local Filipino companies. A wide range of technical assistance and leveraged support will be extended to enable the active participation of partners in the contraceptive market. For the first year, PRISM recognizes that DKT will be a key partner in ensuring the adequate supply of contraceptives in the short-term. Since DKT has a separate direct cooperative agreement with USAID, no grant or subcontract will be given to them through PRISM. However, the team can provide them with technical assistance and training as agreed upon with DKT and USAID. This task began in November 2004 and will run through December 2005.

*Sub-Task 2.2.1: Identify potential new products and new market entrants in the pharmaceutical industry.* New entrants will be identified in initial meetings with decision

makers of the companies and with officers of PCPI. Medium-priced brands that are not being actively promoted (e.g., Micropil and Perlas of Pascual Laboratories) will also be discussed with company executives for potential links with a marketing firm. This will be an ongoing activity that will be initiated from November to December 2004, and will be reviewed on a quarterly basis.

*Sub-Task 2.2.2: Develop communication materials for the pharmaceutical companies.* New presentation materials and handouts will be developed from January through February 2005. They will focus on new business opportunities and the support they will receive to increase their competitiveness in the contraceptive market.

*Sub-Task 2.2.3: Hold meetings with potential partners.* This has taken and will take place from November 2004-February 2005. The meetings will help facilitate market launch of the medium-priced brand of Schering.

*Sub-Task 2.2.4: Conduct introductory presentations.* The market development director and market development managers will conduct introductory presentations from January to April 2005. The benchmark is two presentations a month, but efforts will be made to reach out to more companies through additional presentations.

*Sub-Task 2.2.5: Work with PCPI to establish an information dissemination agenda.* Starting February 2005, the project will work closely with PCPI to identify priorities for information dissemination which may include advertising contraceptive brands to the general public and the use of non-traditional outlets for distribution. The agenda will be finalized by March 2005.

*Sub-Task 2.2.6: Sign MOU with partners*. From March 2005, a series of meetings will be held with new partners to craft and finalize the details of the MOU. Expectations from the project and from the companies will be specified. One MOU is the benchmark, but the team will work to have an additional MOU signed before the end of September 2005.

*Sub-Task 2.2.7: Provide support and technical assistance in sourcing raw materials/ products and in introducing new brands.* From June to August 2005, new partners will be linked with identified sources; in addition, support could be provided to improve the manufacturing facilities related to the launch.

*Sub-Task 2.2.8: Conduct a feasibility study on the local manufacture of pills.* From February to April 2005 this study will be conducted through a consultant. Based on the results, some Filipino-owned companies may consider initiating local manufacture of pills through a partnership with PRISM. This feasibility study may also identify the potential to use USAID's existing Development Credit Authority (DCA) or Global Development Alliance (GDA) mechanisms for loan guarantee and partnership funding, respectively. In conducting the study, PRISM will consult with the centrally-funded PSP team.

*Sub-Task 2.2.9: Provide support for regulatory approval and launch plans.* Special assistance from the policy advisor will focus on facilitating product registration. Cluster meetings with some local pharmaceutical companies will be conducted to map the process of new product registration. The marketing team will also provide support for preparing the launch and product pipelining with various distribution outlets. This will be done from June to August 2005.

*Sub-Task 2.2.10: Establish links with networks of midwives, physicians, and workplaces.* From July-December 2005, pharmaceutical company partners will be linked to the workplace sales outlets developed by component 1 and to the network of midwives and physicians developed by component 3. Links will include information on decision makers and sales forecasts.

**Task 2.3: Develop LEAD-LGU Links**

Starting in December 2004 and on through the end of 2005, PRISM will work closely with the LEAD project to increase the sales of oral contraceptives and injectables to LGUs.

*Sub-Task 2.3.1: Establish LEAD-LGU liaison.* PRISM will initiate a series of meetings from November 2004-January 2005 with LEAD. The LGUs developed and prioritized by LEAD will facilitate LGU procurement of FP products. A system will be set up to ensure sharing of relevant data, the timely flow of goods from suppliers to LGUs to the end users, and to avoid out-of-stock situations. While it is understood that the primary target of LEAD are the LGUs with higher incidence of poverty, PRISM will work on those LEAD-LGUs that have relatively higher paying capacities.

*Sub-Task 2.3.2: Establish links between LEAD-LGU suppliers and distributors.* From January to July 2005, PRISM will facilitate the strengthening—and in some cases establishment—of a referral system between the LEAD-LGUs and contraceptive suppliers. PRISM support will be provided through the updated database of local sources of products.

*Sub-Task 2.3.3: Coordinate with LEAD in monitoring sales to LGUs.* From April 2005 and every quarter thereafter, PRISM will coordinate regularly with LEAD in analyzing sales to LGU, and in developing new action plans. Agreements will be implemented and reviewed quarterly. Sales data will be updated. Where PRISM needs supplemental data not already available from LEAD, the project will purchase the data from the Intercontinental Medical Statistics (IMS) Health, Inc. This data will be shared with LEAD.

**Task 2.4: Explore Options for New Non-Traditional Distribution Channels**

The task will start on March 2005 and will run through December 2005. The non-traditional channels may include mall kiosks, spas, dermatological clinics, and beauty

salons. Where possible, these outlets can serve as sources for prescriptions, but all can possibly be used for information dissemination.

*Sub-Task 2.4.1: Conduct a feasibility study.* This will take place from January through April 2005 and will provide the project with information it can use in targeting non-traditional outlets. Previous experience of other agencies and corresponding policy issues will be evaluated and integrated as appropriate. PRISM will take note to include in the study certain policy issues like selling contraceptives in non-traditional outlets like workplace cooperatives.

*Sub-Task 2.4.2: Finalize plans for development of non-traditional channels.* If the non-traditional distribution channels are found to be feasible, PRISM will develop specific plans in May 2005. Urban and rural pilot areas will be identified based on the findings in the feasibility study.

**Task 2.5: Develop Knowledge and Skill Levels of Detailers/Sales Reps and Drugstore Staff**

This will be done in a training program that focuses on product competitiveness, basic updates on contraceptive technology, and distribution schemes.

*Sub-Task 2.5.1: Develop training curriculum and materials.* From January-April 2005, the market development director will work with the training specialist and the BCC advisor to develop training plans and materials. Arrangements will be made for a training institution to conduct the programs. Training will initially be done for the drugstore staff. Training of detailers and sales reps will be timed with the launch of new products. Corresponding budgets will be prepared. There will be close coordination with Component 3 with respect to curriculum development and the scheduling of training sessions.

*Sub-Task 2.5.2: Train the trainers and staff.* A pilot training initiative with pharmaceutical and/or drugstore staff will be conducted in May 2005. Lessons learned will be incorporated into the subsequent runs during the second half of 2005.

**Task 2.6: Promote Private Sector Market Expansion of Contraceptives via Integrated Marketing Communications**

As part of the comprehensive communication plan to be developed in component 4 below, the market development component will craft communication strategies and options such as information dissemination and BCC through more focused non-traditional media efforts. These efforts will be integrated with the plans for the other target groups like health providers, drugstore staff, etc. This task will run from November 2004 to April 2005.

*Sub-Task 2.6.1: Set up TSAP-FP liaison.* A series of meetings in November-December 2004 will be initiated by PRISM to set up a partnership with TSAP-FP. Possible

synergies in the promotion of FP to the general public will be identified and agreed upon. The BCC advisor of PRISM will be involved in this partnership.

*Sub-Task 2.6.2: Work with TSAP-FP on details of baseline market research.* From December 2004-January 2005, the details of a baseline quantitative study will be prepared in coordination with TSAP-FP. Lessons from recent research studies and from TSAP-FP experience will be considered. A research agency will be commissioned for this study.

*Sub-Task 2.6.3: Conduct baseline research.* The study will be done on a nationwide basis from February to April 2005. The findings and recommendations will be available by May 2005.

*Sub-Task 2.6.4: Establish details of media collaboration with TSAP-FP.* Specific agreements will be shared with USAID. This will be done in February 2005 in coordination with the BCC advisor.

*Sub-Task 2.6.5: Set up partnerships with advertising/communications agencies.* PRISM will establish partnerships with pharmaceutical advertising and marketing firm and a public relations (PR) agency for the communication strategy for component two as necessary. This will be done from February-March 2005. Roles will be specified for these agencies and, as required by USAID, all communications products will be pre-approved before production.

*Sub-Task 2.6.6: Develop integrated marketing communications plan.* In April-May 2005, PRISM will develop a communication plan in coordination with TSAP-FP, including TSAP-FP efforts to increase consumer acceptance of modern FP methods. Specific PRISM communication messages will be related to a "call to action" by users to ask their health providers about pill and injectables and myths/misconceptions on the use of the same. Another area for consideration is the subcontracting of the launch of a new contraceptive brand to an agency through the pharmaceutical company concerned. Key messages, materials, and media plans will be developed. Approval from USAID will be sought prior to production.

*Sub-Task 2.6.7: Launch new brand campaign.* The launch period will be June-July 2005. A special event will introduce the campaign to stakeholders and partners.

*Sub-Task 2.6.8: Conduct sustaining campaign.* This will run in September and November 2005. A post-launch brand campaign study is planned for 2006 to determine the impact of messages on the target groups.

**Task 2.7: Improve the Policy Environment for Commercial FP Marketing**

Significant support for this task will be provided by the advocacy specialist and the policy advisor and specialist of PRISM. This will be done starting in March 2005 and will continue through the end of the project.

*Sub-Task 2.7.1: Explore policy issues and develop policy agenda.* This sub-task is scheduled from March through April 2005. The policy advisor will coordinate with the Policy Group of the DOH to identify action plans to facilitate information dissemination activities. Previous and ongoing initiatives of other groups related to policies affecting private sector FP market development will be considered. Potential opposition from other sectors will be identified along with measures to address it. Based on the above analysis, a clear policy agenda will be developed for this component.

*Sub-Task 2.7.2: Support approval of new brands.* With the support of the policy advisor, representations will be made with the Bureau of Food and Drugs (BFAD). Specific plans for them will be prepared from April through May 2005. Continued liaison with BFAD from June to December 2005 is expected to facilitate approval of registering new hormonal contraceptives.

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*Sub-Task 2.7.3: Explore issues and develop an information strategy on insurance coverage.* The objective is to further extend PhilHealth coverage with respect to family planning. Existing coverage will be reviewed in June and July 2005; plans to expand coverage will be completed by July 2005. The strategy will also disseminate relevant information about existing PhilHeath FP-related coverage, especially post-natal coverage of contraceptives.

## E2. Critical Support Needed from USAID and Partners

### E2a. Support Needed from USAID

The key areas where the USAID support will be needed are:

- *Enhancing links with TSAP-FP and LEAD.* The PRISM project will need to coordinate regularly with TSAP-FP–FP (primarily on mass media communications) and with LEAD (on links with LGUs to be supplied with products). We will need the support of USAID to establish a framework through which these three projects can coordinate, especially where more than one CA is working to achieve each of the intermediate results in the SO3 results framework.
- *Timely feedback on communication materials for production and distribution/broadcast.* While the project will take all the necessary steps to meet the projected mass media launch as scheduled, another critical link is the timely feedback and approval from USAID on the materials submitted so that production and release to media channels will likewise be timely.
- *Regular updates.* The marketing team will need details on the commodities USAID is phasing down and regular updates on both negative and positive movements in the market by other donors and DOH/GOP. Updates on the phase out of commodity support will be vital for the analysis of market trends and for the preparation of realistic quarterly forecasts.

### E2b. Support Needed from Other Partners

*Pharma Company Marketing Departments.* We will expect the pharmaceutical partners to link corporate resources to the support that will be provided by PRISM. In addition, they will be expected to commit to specific annual sales targets for the contraceptive brand(s) from 2005–2009. We would also need to have detailing and promotion times for FP brands incorporated into the job descriptions, incentive plans, and performance evaluations of the members of the sales team concerned. A monthly report including data on contraceptive sales should be available, and a quarterly business review of key business issues must be conducted. The parameters of the reports and business review will be incorporated in the PRISM subcontract with the pharmaceutical company. This range of support will help ensure that sales and marketing are being implemented in a timely fashion.

*Ad Agencies.* Ad agencies will be expected to support PRISM by ensuring that communication materials for the different target groups (general public, providers, pharmaceutical companies, and drugstore staff) are coordinated and integrated. They may occasionally need to work in the field with project partners (e.g., medical representatives, visiting health providers) to be updated on customer needs and wants. Cost-effective media plans will be expected. A regular business review will likewise be scheduled on a quarterly basis. This will help identify interim successes as well as issues that have to be addressed.

*NGOs.* We will expect partner NGOs to ensure that the training curriculum and materials for the medical representatives and the drugstore staff are coordinated and integrated with the rest of the communication materials. The NGOs will be coordinating closely with the training advisor and the BCC advisor of PRISM.

### E2c. Support Needed from DOH and other GOP agencies

*Policy change to allow sales of hormonal contraceptives in non-traditional outlets.* As the phasing down of donated commodities continues, there will be a greater need for wider commercial availability of these products. Non-traditional outlets will provide clients greater access especially in rural areas.

*Facilitating timely approval of product registration of new brands.* Historically it has taken one to two years to register a product in the Philippines. While BFAD has initiated new measures to facilitate the process, additional support for contraceptive registration will help lead to timely market launch.

*Facilitating inclusion of new contraceptives in the Philippines National Drug Formulary (PNDF).* It is critical for new brands to be included in the PNDF as only those on the PNDF list can be purchased by LGUs and other government institutions. Hence, the support of DOH will be vital in ensuring that LEAD-LGUs will be adequately stocked.

## Section F. Component 3. Private Practice Services Expansion

The expansion of USAID support from the public to the private sector will result in changes in the family planning market. More non-poor family planning clients who have

been receiving USAID-provided contraceptives will be expected to seek contraceptive products and services from private sources. To meet this increased demand for private sector family planning products and services, there will need to be an increase in the number of private and commercial health care providers that offer quality family planning services and commodities.

Experience has shown that family planning alone is not sufficient to sustain a medical practice. However, when provided as part of a broader practice, FP services can strengthen a practice's viability. The shift from public to private service provision is therefore an opportunity for private healthcare practitioners to strengthen their practices.

Given this perspective, the main objective of the private provider component is to increase the recognition of the business value of family planning among private providers. This means helping providers to develop sustainable practices that include the sale and delivery of commercial family planning products and services. We plan to work with midwives, doctors, pharmacists/drug stores, private hospitals and clinics, and relevant NGOs that provide FP services. Such work might include developing hospital-based FP services through OB/GYNs or other partners using a grant or subcontract mechanism.

We will implement two main approaches to accomplish component 3 objectives: helping private sector midwives become a primary source of FP services and commodities and increasing the level of support for FP provided by other health professionals.

With respect to midwives, we will seek the participation of organizations of private practitioner to tap their members as candidates for training as "independent entrepreneurs" who will dispense contraceptives through their own "shops." This training will help midwives sustain private practices that incorporate family planning. PRISM will provide midwives with training on contraceptive technology and business management skills, counseling materials, marketing support, and initial stocks of commodities. We will also provide support to advertise midwives' services, refer cases to them, and to establish policies that will promote provision of quality services. The project shall cooperate with private sector organizations that were previously supported by USAID such as Well Family Partnership Foundation and the FriendlyCare Foundation. For example, partnership with these institutions might include assistance with workplace initiatives and the outsourcing of FP services.

We will secure the support of health care providers' associations, physicians, and pharmacists to raise the appreciation of family planning as an integral part of a good medical practice. Technical assistance and resources will be extended to promote family planning services within the context of their whole practices. This collaboration will include a detailed plan with the physicians' association on how to integrate FP into their activities as a core issue and responsibility. Previous research has shown that barriers to providing good FP care include providers' bicultural beliefs about the body; as well as reluctance based on their own opposition to FP; or that of their religious leaders, key relatives, friends, or neighbors. PRISM will collaborate with LEAD and TSAP to

effectively address these barriers and appeal to all categories of providers' emotional and financial constraints.

PRISM will also build support among drugstore owners and pharmacists for family planning. It will provide technical assistance, resources, and support to ensure the steady supply of contraceptives and the continuous flow of information, education, and communication materials to customers as well as competent, sensitive, and non-judgmental responses to customers' questions and concerns. It will build on activities initiated by previous projects with drug store and pharmacy associations.

The component 3 team will coordinate with component teams 1 and 2 and the TRG to ensure that implementation of activities is coordinated. Year one benchmarks for component 3 are listed below followed by a description of tasks and sub-tasks to be implemented to achieve them.

**Component 3 Benchmarks:**

- The Midwives' Entrepreneur Program plan completed by the end of May, 2005.
- Memoranda of Understanding (MOU) signed with each of the 2 to 3 midwives associations by end of March 2005.
- 10 NGO training teams will have completed their training by the end of September 2005.
- 200 private midwives will have completed the MEP by the end of October 2005.
- Local promotional/advertising strategies launched in the initial MEP training areas by the end of October 2005.
- Private sector FP policy agenda produced by the end of April 2005.
- MOUs signed with at least two of professional associations by the end of June 2005.

## F1. Component 3 Tasks

### Task 3.1: Design the Midwives' Entrepreneur Program (MEP)

We will begin planning the MEP in January 2005. Relevant information on previous midwife initiatives in family planning implemented in the Philippines will be collected and analyzed. By the end of April 2005, the planning, including getting feedback, will be completed. In collaboration with a selected training partner such as WPFI, the series of technical and business skills training modules developed through PRISM for the MEP can be branded and marketed, perhaps in conjunction with the accreditation of midwives and training providers.

*Sub-Task 3.1.1: Analyze the cash flow, income and business management skills of midwives in private practice.* In January 2005, the team will work with the financing specialist to design a study of private midwives' cash flow, income, and business management skills. In February, PRISM will commission the study, and the results, expected to be available in March, will be used to design the business component of the program.

*Sub-Task 3.1.2: Conduct training needs assessment of midwives.* In January, our training and quality assurance specialists will work with the private practice director and component managers to design the assessment that will include contraceptive technology, counseling, and the business skills of midwives. In February, PRISM will commission this assessment to a qualified Filipino organization, and results will be available by the end of April. These results will provide a basis for designing MEP training modules and materials.

*Sub-Task 3.1.3: Draft the training modules for the MEP curriculum. S*hort-term consultants will be engaged in March and April to work with PRISM partners to develop the family planning technology, counseling, and business development components of the MEP curriculum. The consultants will be provided with results from the midwives' training needs assessment and the cash-flow analysis (see sub-tasks 3.1.1 and 3.1.2) as input into curriculum development. The consultants will develop and review the training modules together so as to ensure that an appropriate balance is achieved in the curriculum. By end of May 2005, the training curriculum and a manual on its use will be finalized and ready for field testing (see sub-task 3.1.6). PRISM will seek participation from DOH midwifery trainers to develop and finalize the curriculum.

*Sub-Task 3.1.4: Develop training materials.* The training, quality assurance, BCC, and gender specialists will participate in the development of training materials to be used with the MEP curriculum modules. EngenderHealth and Manoff will provide short-term technical assistance specialists to provide advice and assistance to develop basic counseling and training materials for midwives, workplace health staff, drugstores, and physicians. Development of the training materials, including job aides for midwives, will be coordinated with development of the MEP curriculum (see sub-task 3.1.3) and materials will be finalized and ready for field testing by the end of May, 2005. All training materials development and actual training activities will be closely coordinated with the other two technical components of PRISM, workplace initiatives and market development, especially where there are linkages for FP referral systems among businesses, associations, pharmacies, and private providers.

*Sub-Task 3.1.5: Get feedback on draft from key stakeholders and finalize the MEP.* In early May, *w*e will circulate the draft MEP to LGUs, NGOs, IMAP, MFPI, and the Well Family Midwife Clinics-Partnership Foundation (WFPI), and we will convene a forum to obtain their feedback on the plan. Feedback will be incorporated into a revised, final plan that will be submitted to USAID for approval by the end of May 2005.

*Sub-Task 3.1.6: Pretest the curriculum and training materials and finalize them.* Planning for field testing will commence in May 2005 and testing will be completed by the end of June 2005. Based on results, the curriculum and the materials will be revised and finalized in July.

**Task 3.2: Define the Role of Midwives' Association in the PRISM Project**

Midwives' associations have the potential to play a large and varied role in assisting PRISM to achieve the objectives of its MEP including mobilizing information, conducting analyses, and identifying potential trainees. The culmination of this process will be buy-in to the program by the associations.

*Sub-Task 3.2.1: Familiarize midwives' associations with the PRISM Project.* By February 2005, PRISM will have been introduced to the major midwives associations' officers. A good working relationship with these associations and their participation in the early stages of the project is critical to success. To disseminate knowledge about PRISM further, we will participate in regional meetings (dates to be determined) and annual meetings (October, 2005) of these associations to present PRISM and the MEP to their members.

*Sub-Task 3.2.2: Negotiate roles, responsibilities and mechanisms for midwives' associations in the MEP.* By the end of February 2005, we shall have finalized a draft that considers the varying capacities of the three main midwives associations in the selection and recruitment of participants and their potential roles in such tasks as following up with midwives after training and providing ongoing support to them. Based on these negotiations, we will sign MOUs with at least one midwives' association by early March 2005.

*Sub-Task 3.2.3: Initiate and implement mechanisms to fund MOUs.* Upon signing MOU with midwives' associations in March 2005, we will put mechanisms in place to finance activities as identified in the MOU. These mechanisms are likely to be a combination of grants and subcontracts depending on the nature of the task. As determined necessary, the private provider component team will mobilize technical assistance to support implementation of the terms of these grants and subcontracts.

**Task 3.3: Prepare for and Conduct Midwife Entrepreneur (MWE)Training**

During year one, we will seek to continuously learn lessons from other midwifery training initiatives, both in the Philippines and elsewhere, and from our own experience implementing the MEP. These lessons will allow us to refine the program and the process will also build commitment, and ownership from stakeholders whose support will be critical to its success. We intend to select areas for initial implementation with greatest potential for success and to use early successes to demonstrate the potential of this approach for increasing access to private providers for family planning. Success stories will attract the interest of commodity suppliers as well as other midwives. In year one, we will train private midwives in two to three sites each in Luzon, Visayas, and Mindanao. Expansion beyond these initial training sites will always be concentrated geographically

to ensure we have enough midwives to justify training sessions, to attract support from suppliers, and to justify local advertising and promotion.

*Sub-Task 3.3.1: Select training sites for year one.* In January 2005, we will meet with the main midwives associations, the Philippine National NGO Council (PNGOC), and select LGUs to establish criteria for choosing the training sites for year one. The selection will be done through a mapping/GIS exercise with the assistance of PRISM subcontractor EMI Systems. Potential selection criteria are the expected pace of phase down of donor-supplied commodities to the LGU, existing competition in the market, income and poverty levels of the community, existing LEAD and TSAP-FP priority areas, and local political support for FP. Based on the criteria chosen, we will work with the M&E specialist and GIS short-term experts from February to April to collect information and select year one training sites. Component 3 managers in each of the three regional project offices will also discuss site selection internally with their component 1 and 2 counterparts and externally with leaders in the prospective LGUs in order to secure their cooperation.

*Sub-Task 3.3.2: Map and profile potential midwife trainees in initial sites.* Once initial sites for MEP training have been selected (see subtask 3.3.1), our M&E and health management information systems (HMIS) specialists will work with PRISM's partner, EMI Systems, to collect information about midwives in private practice. We will work with the midwives' associations to complete this sub-task, and EMI Systems will document the mapping process and produce a plan to transfer skills necessary to complete this task to national consultants and firms. Information collected will be used to build a map-decision database and from this database, candidates for MEP training will be selected. The entire process will be completed between April and July.

*Sub-Task 3.3.3: Identify and train up to 10 NGO training teams.* By the end of August, the first training of trainers session will be conducted, and by the end of September 2005 up to 10 NGO training teams will have completed training.

*Sub-Task 3.3.4: Select and invite midwives to participate.* By August 2005, midwives in initial sites will be invited to participate in MEP training. PNGOC, IMAP and MFPI will spearhead the recruitment of qualified, interested, and dedicated midwives from among its members.

*Sub-Task 3.3.5: Conduct 10 to 20 MEP training sessions.* By the end of September 2005, the first 10 to 20 MEP training sessions will have been completed covering about 200 midwives in Luzon, Visayas, Mindanao, and these midwives will have received their start-up stock of contraceptives. By the end of December 2005, an additional 200 midwives will have completed this training in another 10 to 20 training sessions.

**Task 3.4: Link MWEs to Financing, Contraceptive Supplies, and Promotional Support**

It is important that as the first group of midwife entrepreneurs completes training in August/September 2005, they be connected to a reliable source of contraceptive products that will be affordable to their clients. It is equally important that they be provided with support to advertise and promote their new FP services.

*Sub-Task 3.4.1: Study financing options for MWE start-up costs.* Between February and March, the financing specialist will oversee the identification and assessment of options to finance initial contraceptive supplies for midwife entrepreneurs. Underlying this assessment will be the presumption that midwives should contribute to the cost of their initial supplies as an indication of their commitment.

*Sub-Task 3.4.2: Design/plan financing mechanisms for MWE start-up costs.* Using results from the financing options study (see sub-task 3.4.2), a financing mechanism plan for midwife start-up costs will be prepared by the financing specialist from April to June 2005.

*Sub-Task 3.4.3: Support production of promotional and counseling materials.* We will develop and test a logo, signage, and promotional materials in local languages to promote MWEs' services in their communities. The logo will communicate that the midwife has complied with the PRISM standard of quality for family planning services. Advertising materials will be produced by end of July 2005 so that they can be distributed to midwives during initial training sessions in August and September 2005. Our private practice team will also work with our BCC, quality assurance and improvement (QA&I), and training specialists to develop materials to promote midwifery entrepreneur services through mass media. These promotional materials will be ready by end of July 2005 just prior to start of the first midwives' training sessions.

*Sub-Task 3.4.4: Link midwives to distributors of affordable FP products.* As the first groups of midwives complete the MEP training course in August and September 2005, we will link them with a private sector source of contraceptive supplies that will be affordable to their average clients. Initially, this source may be DKT. As other pharmaceutical firms bring new contraceptive products to the market, we will link midwives to that wider range of choices. The private practice component team will work closely with the market development team to identify appropriate supply sources for midwife entrepreneurs.

*Sub-Task 3.4.5: Link MWEs to financing mechanisms.* Midwives may require access to credit to finance initial contraceptive commodity supplies, expand their clinics, or other practice-related investments. PRISM will support development of links between such midwives and local lenders. For instance, rural banks exist in areas where many private midwives practice, and PRISM can collaborate with the MABS program to identify potential rural bank funding sources, as well as to develop an appropriate loan product for midwives. Additionally, PRISM will collaborate with the centrally-funded PSP on health financing initiatives, especially any that involve DCA. Another source of loan funds for midwives is credit cooperatives that are willing to lend capital to small entrepreneurs. This activity will begin in October 2005 as the first groups of midwives complete MEP

training and will continue as additional midwives complete the MEP course. The exploration of financing options with MABS and PSP will begin in February.

*Sub-Task 3.4.6: Launch and support promotional activities.* By August/September 2005, soon after completion of the initial MEP training sessions, PRISM will work with a marketing partner to launch local promotional/advertising strategies in the initial training areas highlighting the family planning services that the newly trained midwife entrepreneur will provide to the community.

*Sub-Task 3.4.7: Plan cluster meetings among MWEs, MDs, and* p*harmacists and drugstore staff to promote links and referrals.* Linking health care providers who are part of the PRISM project will facilitate exchange of information and client referral. Planning for such cluster meetings in initial project sites, for example where initial MEP training occurs, will start in December 2005.

**Task 3.5 Develop a Follow-Up and Support Mechanism for MEP Graduates.**

PRISM will provide short-term follow-up support to new midwife entrepreneurs to help them overcome initial problems as they begin integrating stronger family planning services into their private practices.

*Sub-Task 3.5.1: Develop draft follow-up and support plan.* In June and July 2005, PRISM's private practice team and the training and QI&A specialist will work with midwives' associations to develop the plan. Lessons from other midwifery training programs, both in the Philippines and elsewhere in the region, will be sought.

*Sub-Task 3.5.2: Explore the feasibility of a study tour.* Indonesia's experience in supporting a nationwide cadre of private midwives has the potential to provide useful lessons for PRISM's efforts to support MEP graduates. Some of those lessons include how to link midwives to a stable source of affordable contraceptive commodities and as such our private practice director will work with the market development director to plan a study tour. This may include exploratory travel in July or August 2005 by these component directors with the training specialist to scope out an agenda and site visits.

*Sub-Task 3.5.3: Conduct possible study tour to Indonesia.* In September or October 2005 (dates to be finalized after planning visit to Indonesia; see subtask 3.5.2), the private practice component director may lead a delegation of midwives' association leaders, leading midwives in private practice, and DOH officials on a study tour in Indonesia to learn how midwives in private practice are trained and supported to provide high quality family planning services to their communities. Whether or not this study tour takes place will depend on the feasibility analysis done in sub-task 3.5.2 above. The main output of this study tour would be recommendations for the MEP and for follow-up and support for its graduates.

*Sub-Task 3.5.4: Finalize follow-up and support plan.* The private practice team will work with the training specialist to integrate recommendations from the study tour into an MEP follow-up and support plan to be finalized by the end of November 2005.

*Sub-Task 3.5.5: Train 25 trainers in follow-up and support mechanisms.* PRISM will work with PNGOC or another Filipino organization with appropriate training capacity to train 25 trainers on follow-up and support mechanisms such as facilitative supervision. This training will be completed by the end of December 2005. We will seek to include trainers who were trained as midwifery trainers (see subtask 3.3.5). We may also tap LGU family planning trainers in the provinces, municipalities, and cities where our project sites will be located in order to foster collaboration and referrals between LGU public health professionals and the private midwife entrepreneurs. This will also reduce the cost of training and follow-up for MEP. The first follow-up sessions with MEP graduates are expected to be conducted in early 2006.

**Task 3.6: Define a Policy Agenda to Promote FP Services by Private Providers**

Strengthening the policy environment for midwives will increase the degree to which the MEP succeeds in increasing access to private sector family planning services. The private practice component team will therefore place a high priority on defining a sharply focused midwife policy agenda, developing effective strategies to achieve policy objectives, and working with other USAID partners to implement those strategies.

*Sub-Task 3.6.1: Identify and assess policy issues.* In February and March 2005, the private practice team will work with PRISM's policy specialist to identify policies that will strengthen the environment for midwife entrepreneurs. We will analyze the current policy environment to determine how it can be strengthened. PRISM's policy specialist will oversee the analyses. S/he will identify and collect policy information from DOH as well as from midwifery and service delivery organizations.

*Sub-Task 3.6.2: Define a policy agenda.* In April 2005, PRISM will produce a policy action agenda including issues to be explored as part of the Indonesian study tour (see task 3.5). This agenda will be vetted with the LEAD for Health policy team and other USAID project partners, as well as with Filipino stakeholders, and roles and responsibilities for the implementation of the agenda will be determined by consensus.

*Sub-Task 3.6.3: Support implementation of the policy agenda.* As agreed upon during the policy agenda definition process (see sub-task 3.6.2), beginning in May 2005, PRISM's policy specialist and the private practice team will provide support to implement this agenda throughout year one and beyond.

*Sub-Task 3.6.4: Broaden awareness of PhilHealth's existing FP coverage.* Utilization of existing PhilHealth reimbursement mechanisms for family planning services is low and beginning in May 2005, PRISM will develop and launch awareness raising activities among private providers, including midwives. Increasing awareness and utilization of existing opportunities is an important element of broader PRISM efforts to expand insurance coverage of family planning services (see section H2a).

**Task 3.7: Engage Health Care Associations to Expand FP Services.**

While the major emphasis of PRISM's objective to expand access to private sector family planning services centers on midwives, it is important to recognize that a range of other private providers can play a significant role in accomplishing this objective. The private practice team also plans to work with major healthcare provider organizations such as national or regional affiliates of the Philippine Academy of Family Physicians (PAFP), Philippine Obstetrical and Gynecological Society (POGS), and the Drug Stores Association of the Philippines (DSAP).

*Sub-Task 3.7.1: Familiarize health care providers' associations with PRISM.* In January 2005 the private practice team will initiate a series of meetings with associations and relevant NGOs to familiarize them with PRISM and to gain their support for its objectives. Where appropriate, we will also use their annual conventions to reach large audiences, for example by presenting at technical sessions and sponsoring exhibits that introduce PRISM and explain the importance of family planning to a well-rounded private health care practice. As a result of these activities, by April 2005we will produce a detailed plan of action to collaborate with these organizations.

*Sub-Task 3.7.2: Define roles responsibilities and terms of collaboration with professional associations and sign MOU.* By May and June 2005, PRISM will sign MOU with at least two of professional associations. Physicians' associations may be supported to provide training to their members on integrating family planning services into their practices. Competitive grants may be used to solicit innovative approaches to work with their members. Physicians may also be tapped to serve as resource speakers at PRISM events. Pharmacists' and drugstores' associations will be similarly engaged to identify innovative approaches to working with their members and to more effectively reach drugstore customers.

*Sub-Task 3.7.3: Support implementation of the MOU.* Beginning June 2005, we will provide technical assistance to health care providers' associations as they implement activities described in their MOU and subsequent subcontracts. Activities to be supported may include organizational strengthening and innovative training for associations' members.

**Task 3.8: Design and Conduct FP Training for Health Care Providers**

Training will be important for achieving project objectives with respect to increasing private providers' abilities to successfully integrate and strengthen family planning services into health care practices. The private practice component will therefore support health care associations to train their members.

*Sub-Task 3.8.1: Assess training and BCC needs in FP.* The private practice team will work with the training, QA&I, and BCC specialists to plan and oversee implementation of a training needs assessment of physicians, pharmacists, and drugstore workers. Planning for this assessment will commence in February 2005, and results will be presented by the end of April 2005.

*Sub-Task 3.8.2: Plan and develop innovative training programs.* Based on results from the needs assessment, the private practice team will work with the training specialist and healthcare association leaders to design a training program for their members. Associations will be encouraged to design innovative approaches to motivating and training their members. By the end of June 2005, PRISM will have identified at least two innovative approaches and will work with the authors to prepare plans to finance them.

*Sub-Task 3.8.3: Create and pre-test training materials.* Beginning in July 2005, the private practice team working with PRISM's training, QA&I and BCC specialists will work with partners identified during implementation of sub-task 3.8.2 to develop family planning training curricula and materials, including job aides, that suit the terms of their innovative proposals. Existing counseling materials will be evaluated and adapted and new material developed and produced if needed. These materials will be adapted for doctors, workplace health staff and drugstores and will be pre-tested and finalized by the end of August 2005.

*Sub-Task 3.8.4: Support implementation of innovative training programs.* By September 2005, training programs identified in sub-task 3.9.2 will be initiated by their sponsor associations, and PRISM will provide technical assistance to support and monitor implementation as needed.

## F2. Critical Support Assumptions of USAID and Partners

To effectively carry out the tasks listed for Component 3 above, the following support will be needed from PRISM partners and clients:

### F2a. Support Needed from USAID

The key private practice component areas where the USAID support will be needed are:

- *Enhancing links with other USAID partner projects. PRISM* will need the support of USAID to establish a framework through which PRISM and other USAID-projects can coordinate (see section F2b below). For example, in the process of defining criteria for and selecting initial MEP training and activities directed at other private providers, PRISM will seek input from LEAD to identify LGUs where self-reliance planning is advanced and where there are opportunities for increased private practice involvement in family planning. Similarly, PRISM will need to work with TSAP-FP to ensure consistency in messages across their mass media strategies and our local promotional support activities for private providers.

- *Timely Feedback on curricula and media promotion plans.* Timely feedback and approval from USAID on the curricula and promotional materials submitted will be required for PRISM to meet its training schedules and targets and to be able to initiate promotional support, especially for midwife entrepreneurs, coincident with their completion of PRISM-supported training workshops.

### F2b. Support Needed from Other Partners

*Midwives' Associations*. The midwives' associations will provide the critical mass that will participate in the midwife entrepreneur program. We will need the buy-in of the leadership of the midwives' associations and their active participation from the start to develop a plan that is responsive and appropriate to the members' needs. The leadership of the midwives' organizations should incorporate the midwives' network program into their medium-term strategic plan to ensure the MEP's continuity and sustainability, and we will seek their support to do so.

*Health Care Provider Associations.* We expect the Philippine Academy of Family Physicians (PAFP) and the Philippine Obstetrical and Gynecological Society (POGS) to support PRISM by providing the project with access to their members. For example, we would like them to provide PRISM with opportunities to participate in their meetings and conferences. We will also seek their support by thinking creatively about ways to reach their members with information about the importance and value of family planning services and to encourage them to establish or improve such services in their practices. Similarly, we expect the pharmacists and drugstore associations to provide access to participate in PRISM-supported activities designed to improve the quality and quantity of services provided to family planning clients.

*Non-Governmental Organizations (NGOs).* Aside from its main task of providing and involving its NGO members to be trainers, we expect PNGOC to identify from among its 85 member organizations those that can collaborate in midwife and provider training activities.

### F2c. Support Needed from DOH

The principal area in which DOH will be necessary is the midwife entrepreneur program. DOH trainers at its regional offices, as well as those at provincial and municipal health offices, may be tapped as trainers in the MEP. Also, creating linkages between public sector health care providers and MEP graduates will enrich the private sector referral network of public providers and these public providers can likewise serve as a source of new business for the private providers. Also, there is a need to maintain a clinical standard among private providers and family planning information materials to be used by PRISM and its partners that should conform to existing DOH policies and standards of care. PRISM will work with DOH to ensure this link is in place.

## Section G. Component 4: Project Finance and Management

The project finance and management component has the objective of ensuring the smooth running of the office through efficient information networks and systems, transparent financial accounting to USAID and other relevant partners, and responsive administration of all other project support functions**.** The component's main objective will be *to set up*

*and maintain efficient administrative, financial, and management systems to support the three technical components.*

The PRISM project also includes a grant and subcontract program and a $5 million fund—which we will call the Partners' Fund—that will be managed out of this component. The Partners' Fund program will team with Filipino business and institutional involvement to assist the PRISM team to achieve results in the workplace, market development, and private practice components. In addition, the Fund may be used to bring partner organizations on board to conduct relevant training, to develop materials, and to conduct research.

**Component 4 Benchmarks for Year One**

- Deliver a Strategic Intervention Plan in a 3–5 page report to USAID by the end of March 2005.
- Deliver the Performance Monitoring Plan (PMP) and Customer Service Plan (CSP) to USAID by the end of March 2005.
- Deliver the grants/subcontracts management manual to USAID by the end of February 2005.
- Issue the first round of PRISM partnership grants/subcontracts by the end of May 2005.
- Deliver an integrated communications plan for PRISM to USAID by the end of March 2005.
- Deliver 3 high-quality quarterly reports and one high-quality 4$^{th}$ quarter/annual report within 45 days of the end of each quarter.
- Deliver PRISM's second annual work plan to USAID for approval by the end of August 2005.

## G1. Component 4 Tasks for Year One

### Task 4.1: Mobilize Project

From October-December 2004, the PRISM team has been conducting all of the required logistical, financial, and administrative tasks needed to set up offices in Manila, Cebu, and Davao. Sub-tasks for project mobilization are highlighted below:

*Sub-Task 4.1.1: Mobilize project as per separate mobilization plan.* A detailed mobilization plan was submitted in our original proposal, and later updated and re-submitted to USAID after contract award. The only delay is that permanent office space will not be ready until later than expected.

*Sub-Task 4.1.2: Conduct PRISM start-up workshop.* From November 2–5, 2004, a four-day project start-up workshop was conducted with all newly hired staff. The workshop included an orientation to Chemonics' systems and approach to project management, presentations by subcontractors, team building exercises, an introduction to PRISM project objectives, and the beginning of work planning. The work planning exercises

included the outline of the consultative work plan development process which will run through December 15, 2004.

*Sub-Task 4.1.3: Conduct strategic planning workshop.* A two-day Strategic Planning Workshop will be held on December 9–10, 2004. We anticipate inviting nearly 100 project partners and stakeholders, including USAID representatives, to provide feedback and input into the draft Year One Work Plan. The workshop will concentrate on the three technical components.

**Task 4.2: Set Overarching Project Strategies**

As a start-up project, it will be critical to set overarching strategies from the beginning. The first step in this process on the ground has been the strategic development of this work plan through a consultative process with the wide range of PRISM's stakeholders. This has included the development of our five project themes outlined in the introduction. Four other sub-tasks will require further work during year one of the project:

*Sub-Task 4.2.1: Integrate technical resource group support activities into technical components.* From October 2004 through February 2005, one of the key internal management challenges for PRISM will be to integrate the three technical components with the technical specialists in the TRG. The key challenge will be to ensure that each of the TRG specialists provides cross-cutting support to all three components in a fully integrated and responsive manner. This process has already started as illustrated in the overviews of each TRG specialty area in section H.

*Sub-Task 4.2.2: Define independent TRG "leadership" activity areas.* In line with identifying areas for the TRG to support the technical components from October 2004 through February 2005, the TRG specialists must also identify priority areas where they can take the lead outside of direct component interaction. This process has also already started as illustrated in the overviews of each TRG specialty area in section H.

*Sub-Task 4.2.3: Assess and set strategic intervention plan.* There are numerous ideas in each PRISM project component about how and where to begin, especially how and where to begin engaging businesses and associations in the workplace initiative component and how and where to engage LGUs and private providers in component three. Ideas include focusing on specific geographic areas; targeting specific LGUs, businesses, associations, and private providers based on a variety of criteria; and piloting activities through "sentinel sites." In some cases, these decisions on partners and process have already been made and are spelled out in this work plan. If more consultation, information, and analysis is needed, we have set aside time from January through March 2005 for the PRISM team to thoroughly examine the issues in order to make the best decisions possible on initial intervention areas, whether geographic, sectoral, gender-based, or by using some other criteria. We will involve our US-based GIS subcontractor, EMI Systems, for GIS mapping expertise that may help us in decision-making.

*Sub-Task 4.2.4: Implement intervention focus area plan.* Beginning in April 2005, the PRISM team will implement the Intervention Focus Area Plan after presenting it to USAID for concurrence. Depending on the actual plan developed, this activity will likely last through December 2005. Adjustments will be made on an ongoing basis depending on which interventions are most successful.

**Task 4.3: Establish and Operationalize MIS/IT Systems**

The PRISM team will establish and operationalize the MIS/IT systems through the following series of sub-tasks:

*Sub-Task 4.3.1: Install temporary office IT network.* From November 2004 through January 2005, our MIS and M&E staff will install a temporary computer and IT network in the temporary office. All equipment purchased will be moved and used in the permanent office when it is completed.

*Sub-Task 4.3.2: Conduct integrated gap analyses.* PRISM intends to take full—yet cost-effective—advantage of the latest technology available to assist in the smooth and efficient running of the office. This will include both hardware and software. With intermittent short-term assistance from IT professionals and the chief of party from the USAID-funded Jordan AMIR project—one of Chemonics' best examples of a USAID-funded project that "works smarter through IT"—the short-term specialists will assist PRISM IT staff to conduct a gap analysis. This analysis will look at (1) project IT needs vis a vis the technical requirements of the project; (2) existing hardware and software; (3) the design of a wide area network (WAN) to connect the offices in Manila, Davao, and Cebu; (4) the design of the local area network (LAN) inside the three offices; (5) lists of needed network equipment to implement both the WAN and LAN; (6) the specialized USAID project management system developed by the AMIR project that fully links the project and the mission's M&E/PMP system, approvals system, and financial reporting systems, including software; (7) the full budget of the needed hardware and software based on the assessment; and (8) a full security design for the LAN and WAN.

Based on the findings of the gap analysis, the short-term specialists and PRISM IT staff will develop a plan for the permanent PRISM office that allows for the efficient and cost effective replication of the highly successful AMIR system. USAID will be consulted on an ongoing basis during this process to see what direct IT linkages can be made between USAID and the PRISM projects for such things as password-protected but shared access to M&E websites, paperless approvals with the CTO and CO, paperless submission of communication product approvals, country clearances, (possible IRM approval request if necessary), PRISM intranet, etc. The gap analysis will run from November 2004 through February 2005.

*Sub-Task 4.3.3: Install permanent office IT network.* Based on the plan developed from the gap analysis, the permanent office IT network and systems will be installed from February through April 2005.

*Sub-Task 4.3.4: Integrate IT system with approved performance monitoring plan and customer service plan.* From April to August 2005, the IT system will then be fully integrated with the performance monitoring plan (PMP) and the customer service plan (CSP). This process will coincide with the first grant and subcontract awards to project partners. It is our intent to use the proven Jordan AMIR monitoring and evaluation system that is fully linked online to project partners for M&E, reporting, and data consolidation. In this case, PRISM will link its own partners to the electronic, online M&E system greatly improving the efficiency and effectiveness of what can often be a cumbersome and time-consuming exercise.

*Sub-Task 4.3.5: Operationalize integrated MIS/IT system.* By August 2005, the integrated MIS/IT system including other online project management and M&E capacities should be fully operational. This system will be updated and improved as necessary during the life of the project.

**Task 4.4: Establish and Operationalize M&E/PMP System and CSP**

Monitoring and evaluation of project progress and achievement of results will be a recurring activity for the project across all components. Our project M&E team will concentrate on developing and delivering an M&E strategy that includes a PMP and a CSP that will track and report on project indicators as well as end-user impact data. Both plans will be developed taking into account baseline data gathered from both primary and secondary data sources to establish baseline values that will become the basis for establishing periodic targets. Once drafts of the PMP and CSP are produced they will be presented to stakeholders, end-users, and local experts to build consensus and obtain institutional and organizational 'buy-in' to the projects M&E goals. This 'buy-in' will extend beyond agreement on performance indicators but also develop accountability among project partners to contribute to the collection and analysis of project data. In the first year, the focus of M&E activities – and related IT –will be on the development, installation, and operation of an integrated system for managing the collection, analysis, and reporting of progress and performance measures.

*Sub-Task 4.4.1: Develop the performance monitoring plan.* During the month of January, the project M&E specialist will work with short-term home office technical assistance to draft a PMP framework that will be used for the final PMP. The Chemonics' home office M&E advisor will be fielded to work with the PRISM M&E specialist to review the finalized work plan and to ensure that PMP indicators track desired project results and achieve annual and project targets.

*Sub-Task 4.4.2: Determine baselines for PMP.* During his work time in the Philippines, the home office M&E advisor will work with the PRISM M&E specialist to finalize outcome and output indicators as well as the best sources for data collection. This process will develop a short list of sources that can be cross-checked with the larger group of PRISM stakeholders. Some sources will include NDHS surveys, the Census Family Planning Surveys Annually, riders to national surveys developed by USAID, rapid appraisals, KAP studies, IMS reports, LGU purchase and sales figures, and company financial statements.

*Sub-Task 4.4.3: Develop the customer service plan.* During January and February 2005, the PRISM M&E specialist will also develop and deliver a finalized CSP with the assistance of the home office M&E advisor. The CSP will focus on feedback mechanisms the project will employ through its stakeholders to determine end-user impact. The finalized CSP will focus on producing impact data such as end-user satisfaction rates the quarter prior to delivering each project work plan so activities may be scaled up as appropriate. The CSP will separate specific PRISM customer groups to monitor their satisfaction levels for a variety of products and services, both those of the PRISM project and those offered and sold by PRISM partners.

*Sub-Task 4.4.4: Consensus building with stakeholders and experts.* During the month of February 2005, the PRISM M&E specialist will begin meeting with project stakeholders, including other SO3 projects and sector experts, to obtain their feedback and input on the PMP and CSP. This input will be used to reach internal PRISM agreement on annual and project-based targets before presenting the plans to USAID for approval before the end of March 2005. These sessions will also focus on:

- Defining and reaching agreement on project indicators with stakeholders and sector experts;
- Generating shared commitment and accountability on tracking performance indicators among organizations that service or represent key end-users;
- Obtaining input from other SO3 projects into performance indicators that span the projects;
- Establishing a process with each stakeholder and partner for ongoing data collection and analysis;
- Determining how and where to best transfer M&E technology and knowledge as the project reaches completion.

*Sub-Task 4.4.5: Assist stakeholders with initial data collection and analysis.* Beginning in March 2005, the project M&E specialist will be available to work with or mentor individual organizations and companies to establish or adjust data collection systems that will feed into the aggregate project data analysis. This data collection and analysis will eventually be linked to the online system set up in Task 4.3 above.

*Sub-Task 4.4.6: Finalize the performance monitoring plan and customer service plan.* Once the PMP and CSP are drafted and input is received from stakeholders and USAID, the documents will be cross-checked and reviewed by the project M&E specialist with assistance from the home office M&E advisor. Both plans will be finalized and submitted to USAID for final approval by the end of March 2005.

*Sub-Task 4.4.7: Begin data collection and IT system integration.* By April 2005, the PRISM M&E specialist will begin receiving the first wave of data and will begin to generate status reports on the information utilizing an M&E IT system. This process will continue for the life of the PRISM project.

*Sub-Task 4.4.8: Train staff in PMP/M&E system.* Once the PMP is approved by USAID, the M&E specialist and short-term IT technical assistance will train the PRISM staff in the data reporting and collection system. This may include training PRISM partners in the online M&E system.

**Task 4.5: Establish Systems for Managing Grants/Subcontracts**

*Sub-Task 4.5.1: Determine technical needs/uses for grants "Partners' Fund."* In November and December 2004, the PRISM grants specialist will consult with the PRISM technical component members, senior and home office staff, and the TRG to determine the technical needs and uses for these funds including expected mechanisms to be used, expected ranges for funding amounts, expected partners, etc. These details will be consolidated in a matrix and memo that will be sent to USAID to assist with obtaining grants under contract language in the PRISM contract, including the required waiver for grants over $25,000.

*Sub-Task 4.5.2: Write and finalize grants and subcontracts management manual; Obtain USAID Approval.* In January and February 2005, the PRISM grants specialist will write and finalize the grants and subcontracts management manual governing the Partners' Fund. The PRISM grants specialist will receive short-term technical assistance from a home office grants management specialist and will start the process with an existing Chemonics grant management manual template, expanding it to also cover fixed-price subcontracts management. The resulting grants and subcontracts management manual will be submitted to USAID by the end of February 2005.

*Sub-Task 4.5.3: Solicit and select first round of grantees and subcontractors.* Once the Partners' Fund Management Manual is approved by USAID, the PRISM grants specialist will develop the RFA and RFP templates for soliciting grants/subcontracts as required by the technical needs of the project. At the same time, relevant TRG and component staff will develop the technical scopes of work for the solicitations that will be released. This process will be done from March through May 2005, with the first round of awardees selected by the end of May 2005.

*Sub-Task 4.5.4: Issue and then manage grants/subcontracts.* While subcontracts to the three already identified local Filipino subcontractors will likely be issued earlier, the first grants will be issued to partners through the Partners' Fund beginning in May 2005. Management and oversight—as well as subsequent awards— will continue for the life of the project.

*Sub-Task 4.5.5: Finalize subcontracts with three already identified subcontractors.* The umbrella subcontracts for the three Filipino subcontractors will be completed by January 2005 at the latest. Based on these agreements, they will be employed using fixed-price task order-type subcontracts on an as-needed basis for the life of the project.

*Sub-Task 4.5.6: Issue fixed-price subcontracts as project needs warrant.* Where it is possible and is in line with the project work plan, fixed-price subcontracting to project partners will begin in February 2005. No specific subcontracting manual or process needs

to be approved by USAID for fixed-price subcontracting provided PRISM follows established FAR and AIDAR regulations. The written approval of the USAID contracting officer will only be needed for fixed-price subcontracts over $100,000, a threshold which is not expected to be exceeded.

**Task 4.6: Develop and Implement Integrated Communication Strategy**

*Sub-Task 4.6.1: Develop integrated communication strategy.* From November 2004 through March 2005, the PRISM communication specialist will develop an integrated communication strategy. She will be assisted by the short-term involvement of an international or home office communication specialist in January-March 2005 . Together they will deliver an *integrated* communication strategy—a strategy that fully addresses the communication needs of PRISM at the project level, as well as at the level of each component. Given the sensitivity of the PRISM communication strategy—and matching our general project theme of "Work Through, Don't Do"—PRISM will work closely with project partners and USAID to ensure that communication products are jointly used and developed that maximize project impact without jeopardizing the overall project.

*Sub-Task 4.6.2: Implement communication strategy.* Based on the communication strategy that is developed, and after approval of the strategy by USAID in March 2004, the strategy will be shared with the entire PRISM team for implementation over the course of the rest of the year.

**Task 4.7: Respond to PRISM Contract Reporting Requirements**

*Sub-Task 4.7.1: Submit PRISM year one work plan.* A draft Year One Work Plan and accompanying budget will be submitted for final review to USAID on December 17, 2004.

*Sub-Task 4.7.2: Submit PRISM year two work plan.* The second-year work plan and accompanying budget will be submitted 30 days before the end of USAID's operating year, i.e., by August 31, 2004. As required in the contract, the second-year work plan will cover the 15-month period October 1, 2005 through December 31, 2006.

*Sub-Task 4.7.3: Submit quarterly reports within 45 days of end of quarter.* As required in the contract, Chemonics will submit quarterly reports to USAID within 45 days after the last day of each quarter. The fourth quarterly report will be combined with the annual report at the end of year one.

*Sub-Task 4.7.4: Submit annual/4$^{th}$ quarterly report.* In November 2005, within 45 days of the end of the year, the PRISM team will submit the annual report covering the first year of operation. As agreed upon with USAID, this report will also serve as the fourth quarterly report.

**G2. Critical Support Needed from USAID and Partners**

**G2a. Support Needed from USAID**

The project finance and management component will require support from a broader range of offices and people within USAID. In addition to the obvious support USAID needs to give PRISM through timely processing of regular technical and travel approval/concurrence requests, invoice payments, and grant funding advances, we see USAID support as especially critical in the following areas:

- *Resolution of the current status of the project and Chemonics with the Government of the Philippines.* Because the former SOAgs have lapsed and no other agreement has yet been signed with the GOP, Chemonics—and indeed all CAs— is facing many issues that are normally addressed in funding agreements between a host country government and USAID. This includes coverage of duty free status, VAT payment and/or exemption, and many other facets of running a development project with funds donated by the US government. Resolution of this situation rests with USAID.
- *Clear policy guidance and firm policy backing on communication products.* Given some of the sensitivities involved in this family planning project, PRISM will need clear ongoing policy guidance from USAID in many areas, but especially in how PRISM and its hired partners communicate to different audiences. This is already happening with such things as the communication product approval. However, it will be equally important for USAID to provide PRISM backing *after* a communications product is approved and released. For example, should a USAID-approved communication product cause political problems, USAID's support of PRISM and of the product will be critical even if the solution involves a retraction or an apology by PRISM.
- *Timely communication.* Our final expectation for USAID support for the project finance and management component is one of timely communication of internal USAID decisions that might affect PRISM. In an environment where information must flow in both directions—and recognizing that USAID cannot share confidential internal information with contractors—PRISM and USAID can work more effectively if the project gets needed information as quickly as it can to USAID, and vice versa. For needed information from USAID to PRISM, this will be especially true if there are changes in funds available, in expected "burn" rates, in USAID policies affecting the SO3 Results Framework, or changes in the agreements USAID has with the GOP or other partners in the heath sector.

### G2b. Support Needed from Other Partners

Below we have listed only the support of external partners. The support of internal PRISM partners, such as Chemonics as prime contractor and the Filipino and US subcontractors, is assumed to be internal to the PRISM project. Their support to the project — both team members on the PRISM team and backstopping from their respective home offices — is therefore not listed in this section, but captured throughout the work plan's tasks.

The key external partners where support will be needed for component four are:

*KPMG.* Chemonics and its US subcontractors are outsourcing required Filipino employee salary and benefits deductions from salary payments (such as income tax and health insurance), as well as actual salary disbursement, to the local branch of international accounting firm, KPMG. This will ensure that deductions are made fully within the requirements of Philippine law.

*Jordan AMIR staff.* As delineated in the component four tasks covering IT installation and the M&E work, we will be working "project to project" to install an improved version of the IT system used on the USAID-funded AMIR project. The support of their IT in design, installation, and system operation will be critical, especially during the first year.

*Computer company.* As part of the purchase of computer hardware and software, we will require installation and troubleshooting support from the actual supplier(s). While following the 000 procurement code regulations in the contract, we will ensure that local computer support and maintenance is made available as part of the purchase.

## Section H. The Technical Resources Group

This section presents each of the specialist areas of the experts in the TRG. Included are the leadership roles they will take on cross-cutting issues and brief overviews of the technical support they expect to provide the project's technical components during the first year of operations. Please note that while the M&E specialist is part of the TRG, we have included M&E tasks and details in Component 4 due to its complexity and specific management requirements.

### H1. FP Advocacy

The work plan for each PRISM project component requires information dissemination skills; all component directors and area managers will need to act as advocates to achieve their objectives.

### H1a. Leadership

The advocacy specialist will produce a training module for PRISM staff and will conduct a staff training seminar to prepare them for this role. The module will emphasize the basic principles of information dissemination including how to define an objective, use of stakeholder analysis to identify and understand targets, and development and delivery of strategies. This training module will be tailored so that PRISM staff can train project counterparts and partners.

### H1b. Support for the Technical Components

The advocacy specialist will work with the **workplace initiatives component** to recruit labor unions as project partners and will then assist them to initiate information dissemination strategies with their members. The specialist will also assist in developing

a training program for business leaders on policy advocacy in broad social areas and in individual firms. As part of the development phase for these activities, the specialist will work with the BCC advisor to conduct formal assessments of the information dissemination skills among trade union and business leaders to identify areas requiring support.

In the **market development component,** the advocacy specialist will support the director to devise information dissemination strategies to promote a policy agenda that may include allowing brand or generic advertising of contraceptives and/or designation of oral contraceptives as non-ethical products (thereby allowing over-the-counter sales). The specialist will lead an assessment of the Philippines Business for Social Progress (PBSP) sponsored Business Leaders' Advocacy Interest Group to determine their needs for training and support to integrate pharmaceutical associations into the group.

The advocacy specialist will work with the **private practice services expansion component** staff to produce materials for professional provider associations to use in information dissemination strategies that target their members. S/he will work also work with component staff and the BCC advisor to identify midwife entrepreneur success stories as an information dissemination tool to encourage other midwives to seek training to join the network. Finally, s/he will produce an information dissemination component of a campaign to health insurance organizations to expand the range of FP products and services covered.

### H2. FP Policy

PRISM's policy specialist will be supported by Jondi Flavier who will be engaged by the project as a senior consultant through a retainer arrangement for intermittent short-term involvement and leadership.

### H2a. Leadership

The policy specialist's main priority will be to develop a prioritized agenda for PRISM, to establish consensus with LEAD and other partners on policy issues relevant to the private sector, and to develop an action plan for PRISM. Development of PRISM's policy agenda will be initiated in January. PRISM will facilitate a meeting of CAs to define a private sector workforce policy agenda that will then be integrated into the broader policy agenda for USAID's SO3 CAs. Subsequently, PRISM will convene similar forums to articulate policy agendas for our market development and private practice components. PRISM's policy specialist will also conduct analyses and dialogue in support of these policy agendas, and he will be PRISM's main link to relevant partners monitoring and supporting implementation of these agendas.

The policy specialist will also oversee efforts to encourage health insurance organizations to expand coverage for family planning products and services. S/he will work with PRISM's financing specialist to produce a strategy, vet it with partners such as LEAD, and provide support to partners as needed for implementation of that strategy.

**H2b. Support for the Technical Components**

The principal focus of policy support in year one to the **workplace initiatives component** will be to develop recommendations to revise Article 134 of the Philippines Labor Code and to support implementation of a policy dialogue and information dissemination strategy to implement those recommendations.

For the **market development component,** the policy specialist will support work with BFAD and other government regulatory agencies. The specialist will provide strategic and technical support to the component to speed registration of new contraceptive products.

For the **private practice services expansion component**, the policy specialist will work with the health finance specialist to develop and execute a strategy to expand coverage of family planning products and services among insurance companies. This will improve the financing environment for private providers interested in expanding provision of family planning services and products.

**H3. Health Finance**

**H3a. Leadership**

The health finance specialist will take the lead in identifying ways that USAID's Development Credit Authority (DCA) might be used in support of project objectives. This could include a guarantee program to rural banks offering loans to midwives and other private providers, or other types of financing such as for market entry for Filipino pharmaceutical firms that might not be able to access financing through their regular credit line (if they have one) due to the sensitivity of FP products and banks' usual risk aversion when making lending decisions. However, as USAID should be the "lender of last resort" before they approve the use of DCA, so should a loan guarantee program be the "financing scheme of last resort," after first exploring available financing schemes that do not need a guarantee mechanism. With the assistance of the short-term health finance advisor available to PRISM through a retainer arrangement, the health specialist will also lead efforts to work with PhilHealth to expand and finance broader contraceptive coverage to its members.

**H3b. Support for the Technical Components**

The health finance specialist will work with the **workplace initiatives component** to document the financial benefits of providing family planning services in the workplace across a range of company sizes, geographic locations, and workforce composition. S/he will work with the advocacy specialist to incorporate results from these cost-benefit analyses in information dissemination materials and strategies to encourage additional firms to establish workplace programs. The health finance specialist will also investigate the sustainability of existing workplace FP programs and incorporate the information into planning and developing PRISM's workplace FP product line and services menu that we plan to develop with subcontractor PBSP to institutionalize services beyond the life of the

project. Finally, she will oversee development of a resource mobilization plan to finance monitoring and enforcement of Article 134 of the Philippine Labor Code.

With the objective of promoting competition and sustainability, the health finance specialist will work with the **market development component** to track and interpret sales figures and financial statements of private sector pharmaceutical firms and other organizations producing, importing, or distributing contraceptives. S/he may also assist in linking these firms to banks for formal finance if they do not already have a credit line. This work may be linked to the Development Credit Authority (DCA) scheme available through USAID.

Working with the policy specialist, the health finance specialist will provide support to PRISM efforts in the **private practice services expansion component** to expand coverage of FP products and services by health insurance organizations. In support of PRISM's midwife entrepreneur training program, s/he will take the lead to design a business management training module and will oversee pre-testing of the training module and the training of trainers in its use. The health finance specialist will also investigate existing finance and pricing schemes to identify new models that may be used to finance initial commodity stocks for midwives completing the entrepreneur training program.

### H4. Quality Assurance and Improvement (QA&I)

Quality is a critical concept in reproductive health care. In FP, "consumers" are called clients instead of patients simply because they are presumably in good health when they come in for services. It is therefore imperative that all services related to FP should be of the highest possible quality to give client satisfaction and not to compromise health. By quality we mean that clients' rights are upheld and service providers' quality needs are met.

### H4a. Leadership

In the private sector, this mandate is doubly important because financial investment is involved—not only by the clients, but also by their employers. PRISM will provide technical support to ensure that there will be a system of continuing improvement in the quality of FP service delivery, i.e. actual FP service provision, FP counseling, supplies, facilities, and referral systems. Progress in quality improvement (QI) will be tracked from baseline levels at the start of the project regularly throughout the project.

Where applicable and practical, mechanisms like QI the client-oriented provider-efficient (COPE) tool and the facilitative supervision approach will be employed. Additionally, project partners with mid-level managers or supervisors will be empowered to develop their own system of quality assurance to ensure sustainability in quality improvement beyond the life of the project.

### H4b. Support for the Technical Components

For the **workplace component**, the QA&I specialist will provide technical support to ensure high quality FP service delivery at company-based clinics, common service facilities, and referral centers. Working closely with the training specialist, FP service providers' knowledge and skills will be enhanced through updates, training and orientation on contraceptive technology, counseling, quality improvement, etc. QI tools and approaches will be employed in order to ensure that continuous supplies, adequate facilities and functional referral systems are in place in partners' workplaces.

In the **market development component**, support will include technical input on information, education and communication materials targeted towards the public, sales representatives, and drugstore staff and managers as part of marketing strategies. The specialist will also help to ensure that project-trained service providers are covered by contraceptive detailers. Together with other TRG specialists, technical input will be provided into the component's objective to introduce new contraceptive brands into the market.

For the **private practice component**, as in component 1, QI tools and approaches will be used for ensuring that service providers are skilled and updated, that clinics are well kept, that supplies are adequate, and that a referral system is functional and effective. Training materials that include QI will be developed in collaboration with other TRG specialists. Issues regarding certification of quality and accreditation of project partners will likewise be addressed.

H5. Training Specialist

Training will expand the "network" of service providers who are able to supply "one-stop" injectable contraceptives, condoms, and OC pills, as well as good information dissemination and counseling through the development of training curricula which will integrate business skills. This will also strengthen the private sector's capability of increasing acceptance of and provision of quality FP services.

**H5a. Leadership**

The training specialist will develop tools for the conduct of training needs assessment of target groups (i.e., peer educators, sales distributors, pharmacists, and private practitioners) in areas of FP technology, counseling, and business skills. This will lead to the development of training curricula tailored to meet the needs of these target groups. Integrated within the project components is the development of trainers through training of trainers courses who will work in collaboration with DOH trainers to ensure quality, standard and efficient roll out of training activities. Developing the training capability of the private sector ensures continuity of training beyond the project.

For the first year of project implementation, the training advisor, in collaboration with other members of the TRG will perform the following tasks for each of the following technical components.

### H5b. Support for the Technical Components

For the **workplace initiatives component,** the training specialist will work with the component director and BCC and gender specialists to develop a package of training manuals and materials, including job aids, for peer educators and health care providers in selected companies. For the **market development component**, the training advisor will work with the component director to develop training plans and materials to develop trainers in the pharmaceutical companies to be able to train their sales distributors. Finally, for the **private practice services expansion component**, the training specialist will work with the component director, and midwives' associations to identify potential trainers for private midwife practitioners. Training needs assessment will be conducted to identify training needs, not only on FP service provision but also on business entrepreneurial skills. Training design and materials will be tailored to meet the needs identified. During this project period, the training specialist will also work with the quality assurance advisor to conduct a course to enable DOH staff and NGOs to support and supervise private practitioners.

## H6. Behavior Change Communication

BCC can identify, promote, and facilitate behaviors that increase appropriate accessibility and use of family planning through the private sector. In PRISM, BCC will provide a logical, systematic, and consultative process for selecting strategic actions to change behaviors to help beneficiaries/partners reach their desired outcomes.

### H6a. Leadership

The BCC specialist will be responsible for developing a behavior change strategy that identifies the audiences with which the project will work, as well as their current, ideal, and feasible behaviors, what PRISM (or outside) activities are necessary to achieve the desired behavior change and the responsible components/staff, or organization(s). The BCC specialist will participate in strategy development with PRISM's three technical components, the TRG, PRISM stakeholders and partners. Where appropriate, he will also help to develop behavior change strategies for each partner. He will lead development of a PRISM behavior change communication strategies that could include, for example, mass media campaigns aimed at the public to complement interpersonal communications by employers, health practitioners, and TSAP-FP communication products and mass media efforts. Additionally, the BCC specialist will lead the production of a communication kit that will include PowerPoint presentations, a project-one-pager (POP), and a printed project brief for PRISM partners on the project's BCC strategy, approach, activities, etc. The BCC specialist will also participate with other PRISM staff to liaise with TSAP.

### H6b. Support for the Technical Components

In order to develop the cross-cutting behavior change strategy, and in support of the technical components for specific BCC activities and partners' messages to the public,

the BCC specialist will solicit and oversee research to fill important gaps in knowledge. Illustrative research tools might include the following: positive deviance inquiry, behavioral field trials, focus group discussions, and in-depth interviews.

For the **workplace initiatives component**, the BCC specialist will create new or tailor existing training materials for clinic staff and peer counselors for use in the workplace, based on the PRISM behavior change strategy that will be developed after a gap analysis to identify what is known, as well as the gaps in knowledge, identification of key behaviors that affect effective, accessible, and high quality FP service provision in the workplace and private sector, as well as its acceptance by the various audiences (e.g., labor union leaders and rank and file, workers). This work will be done in close consultation with the TRG specialists in training, gender, and QA&I.

To assist the **market development component**, the BCC specialist will help develop media strategies as indicated in the behavior change communication strategy to be developed.

For the **private practice services expansion component,** the BCC specialist will assist in the development of a media campaign to support the midwife entrepreneur program and any related work with other private providers. This assistance may include designing "brands" and advertising, developing promotional materials, and launching and sustaining promotional activities. These will be based primarily on existing research with midwives.

### H7. Gender

Gender considerations are critical for expanding provision of quality family planning services. Gender equity and women's empowerment goals are catalysts to fertility decline and are important ends in themselves. PRISM will ensure integration of gender considerations in all aspects of project implementation.

### H7a. Leadership

The gender specialist will be responsible for ensuring that gender issues are addressed in a cross-cutting manner by leading and assisting in research, the development of messages and marketing, and with the development of materials for all training curricula, and ensuring that workplaces and private providers offer gender aware and gender sensitive services. She will also ensure that the PRISM behavior change strategy includes all necessary gender issues.

### H7b. Support for the Technical Components

For the **workplace initiatives component,** the specialist will provide a gender analysis of the baseline research on business leaders and existing FP programs. She will also undertake orientation seminars on gender, FP, and reproductive health among stakeholders as necessary and will assist in the conceptualization, development, and

planning for the workplace models that will include working closely work with PRISM subcontractor PBSP.

The specialist will provide input on gender perspectives into the baseline research for the **market development component** for the feasibility study on non-traditional distribution channels. Additionally, in close coordination with the training specialist and BCC specialist, she will assist in developing the training curriculum and resource materials for the staff of pharmaceutical companies.

For the **private practice services expansion component,** the gender specialist will assist in the analysis and utilization of findings from the KAP literature survey, from any other needed surveys, and from the baseline research. She will also provide technical support with the training specialist in the development and production of training curricula and materials. In collaboration with the BCC specialist, she will assist in the development of counseling and advisory materials for service providers.

For **general project support,** in coordination with the funds manager the gender specialist will develop evaluation criteria for proposals and will assist in reviews and appraisals. She will also identify, develop, and monitor gender-specific indicators in close collaboration with the M&E specialist. Lastly, she will provide technical assistance and forward recommendations to the association liaison on the development of mechanisms for building partnerships.

### H8. Communication Specialist

Communication will play a vital role in the national effort to create awareness of and interest in achieving USAID's goals with regard to desired family size and improved health. The PRISM project hopes to have the support of the private sector, business groups, and private practitioners to produce the shift from public sector to private sector supply of contraceptives.

The communication specialist will closely collaborate with TSAP-FP on national strategies for business groups and private service providers and with an advertising agency for promotional materials and public relations events.

### H8a. Leadership

The primary activity of the specialist will be the development and implementation of a communication strategy for the project including key messages to be shared with partners and PR activities to generate interest and build a positive climate for private sector involvement. The communication specialist will also contribute to periodic project progress reports to USAID.

### H8b. Support for the Technical Components

For the **workplace initiatives component**, the communication specialist will help to implement a campaign for companies, especially those with large female workforces,

with PRISM partners like PBSP. She will also disseminate information, set up public relations mechanisms, and develop materials.

For the **market development component,** the specialist will assist with the selection and monitoring of public relations/advertising agency promotional activities. Other assistance to market development will include establishing a close collaborative relationship with TSAP-FP, setting up arrangements with ad agencies, and developing media strategies for consumers and pharmaceutical companies. The communications specialist will work closely with the BCC specialist on the communication plan and project kit.

For the **private practice services expansion component,** the specialist will help to create promotional materials for midwives, will launch promotional media activities, and will explain the PRISM program to service providers. This will likely include close collaboration with the Well Family Midwife Foundation, Friendly Care, Philippines NGO Council (PNGOC), and other partners.

### H9. Health Management Information Systems

The health MIS specialist will work with all project technical staff to design the collection of baseline data ensuring that data are appropriate for entry into the HMIS database. The specialist will also be responsible for disseminating database information and ensuring wide access to databases that are developed, as appropriate.

### H9a. Leadership

In January and February, the health management information systems specialist will complete a needs assessment for the project that will include those of the three project components and the TRG, the central project office in Manila, the offices in Cebu and Davao, and PRISM's subcontractors and other partners. Based on this assessment, the HMIS specialist will work with the M&E specialist in March and April to design a database that reflects these information needs. The specialist will assess available software to manage the information system and will prepare procurement recommendations. In May and June he will provide input into the design of a project website recommending content and mechanisms to maximize access to information by project staff and partners.

### H9b. Support for the Technical Components

The health MIS specialist will also work with PRISM's EMI Systems partner to identify, input, and maintain GIS data to create maps to identify opportunities for project activities: location of workplaces with FP programs (**workplace initiatives component**); distribution points for newly introduced contraceptive products (**market development component**); and private providers (**private practice services expansion component**). On an as-needed basis, the HMIS specialist will provide analytic support to assist project staff to access information in the project database.

## H10. Association Liaison

Private sector organizations (NGOs, business associations, and chambers of commerce) are a vital force in influencing policy changes and business practices in the health industry. Because they are important stakeholders, their participation is crucial for increasing market shares of private enterprises in family planning products and services. Thus, shifting the subsidized public supply of family planning products and services to a demand-driven private market with a variety of choices and affordable prices will require their involvement. In view of their essential role in achieving this goal, technical support from PRISM will be channeled through these private sector organizations to increase their capability for providing FP products and services in line with the PRISM theme of "Work Through, Don't Do." Thus, PRISM will strengthen an individual organization's capability to provide family planning products and services *and* the ability to continue such business development services long after PRISM is gone.

### H10a. Leadership

Technical support for institutional development, partnership building, and networking will be provided to assist private sector organizations to strengthen and sustain individual and sector capabilities for family planning products and services. Support for institutional development will include assistance in project planning, access to financial support or grants, and access to other technical resources needed from the project. Support in partnership building will provide access to database information on organizations and the establishment of links with other partners. Support for networking will provide opportunities for information exchange, forums for discussions of family planning concerns, and sustainability meeting to discuss other development concerns.

### H10b. Support for Technical Components

In response to the **workplace initiative component's** need to consolidate gains, the association liaison will assist in the organization of forums and public discussions in the business sector on population and family planning issues. She will also assist in forging technical links to other components to provide a broader view of the project, current developments in family planning, and a more consolidated framework for action in the business sector.

In response to the **market development component's** need to link the commercial sector with family planning providers, the association liaison will assist with building partnerships with companies, distributors, and PCPI for developing and launching products. She will also liaise with LEAD, TSAP-FP, and DOH to increase support for private sector LGU purchases and cost-recovery for family planning products and services. Finally, she will assist in the establishment of links among private sector suppliers and networks of midwives, nurses, and private clinics providing FP products and services.

In order to assist the **private practice services expansion component to** increase the business value of family planning in private practice, the liaison will assist in the establishment of baseline data, especially on midwives in the private sector. She will also assist in building the capability of midwives who have self-sustaining private practices by increasing their access to project grants.

## Section I. Links with Other SO3 Projects and Significant Donors

Below we present details on how PRISM will work with other SO3 projects and significant donors. For key partners, such as LEAD and TSAP-FP, PRISM will actually develop and sign Memoranda of Understanding (MOUs) specifying each partners' respective roles and leadership activities.

### I1. LEAD for Health

PRISM will work with LEAD to consider where joint project targeting to specific LGUs would be mutually reinforcing. Opportunities for expansion of private sector FP services may be greater in provinces and municipalities that are partnering with the LEAD for Health project. In LGUs that allocate resources to purchase contraceptive commodities, PRISM can link them to brands newly introduced by market development component partners. In LGUs that refer non-poor FP clients away from public sources there will be opportunities to market newly introduced brands through private outlets.

LEAD has been designated as the Mission's lead cooperating agency for population and family planning policy activities, and PRISM will work collaboratively in pursuit of policy objectives to support strengthening and expansion of private sector FP services. As noted elsewhere in this work plan, PRISM will collaboratively develop a private sector FP policy agenda and action plan, and it will work closely with LEAD to implement that action plan.

Additionally, both PRISM and LEAD contain mapping elements. PRISM will work with LEAD to avoid duplication and to share method and outputs to ensure that information provided to LGUs on private sector sources of FP are consistent.

LEAD is also exploring the possibility of supporting the introduction of new anti-TB drugs that will lower the cost of private sector treatment. PRISM will share and seek lessons learned as each project moves forward with respective efforts to support introduction of new pharmaceutical products. PRISM will also coordinate with LEAD to the extent that both projects may be working with the same national pharmaceutical firms.

### I2. The Social Acceptance Project-FP

TSAP-FP has completed its first-round mass media campaign to promote the concept of modern method family planning use as a part of a sensible, healthy lifestyle. As TSAP-FP

develops its second campaign—a call to action—PRISM will work with them to explore the possibility of linking messages to inform the public about new choices available as a consequence of market development activities.

### I3. PhilTIPS

Through our joint subcontracted partner, PBSP, LEAD will work with PhilTIPS to identify lessons learned from its workplace component activities. Lessons will be identified with respect to design of a product line, identification and engagement of firms interested in establishing workplace programs and services, training of workplace health staff and peer counselors, and provision of ongoing monitoring and support services to collaborating firms. These lessons will be used in PRISM planning, design, and implementation activities.

### I4. Microenterprise Access to the Banking Services (MABS)

PRISM will explore the potential of microfinance as an option for support to private health care providers in need of capital to expand or upgrade health practices that include FP. PRISM will seek to leverage the highly successful USAID-funded MABS program's close link with the Rural Bankers Association of the Philippines (RBAP) and its extensive knowledge of the capacities and locations of the roughly 800 rural banks in the Philippines. For midwives who have an existing practice and have been in business more than six months, the PRISM finance expert can work with MABS to analyze the typical cashflow and business cycle of the enterprise, determine capital needs, match those needs to an affordable loan amount and terms, and then design an appropriate loan product. Linking midwives to formal financing as early as possible will be a critical aspect for PRISM to help them expand their businesses to include contraceptive products without donor subsidies that could distort pricing.

### I5. Packard Foundation

Funding for Packard's Philippines portfolio in population and family planning has declined recently from $6 million per year to approximately $1.25 million, and the Foundation explicitly seeks to leverage those resources to other donor inputs. Policy information dissemination is one of two core pillars of its country program, and PRISM will work with Packard to identify mutually reinforcing policy activities, working together where it is sensible and segmenting where appropriate. As noted in section I1 above, LEAD will be PRISM's main partner to articulate and implement a policy agenda, and Packard will be invited to participate in this partnership.

Packard's and PRISM's work plans in workplace programs overlap to some extent. Both projects seek to support coalition building between employers and workers' unions, and Packard is already actively supporting eight such coalitions. These coalitions have reportedly resulted in commitments by 100 firms to establish workplace programs. In January, PRISM will meet with Packard and their partners to learn lessons on building

these coalitions and to explore opportunities to work together to support existing coalitions, build new ones, and carry forward commitments to establish workplace programs.

Packard has also expressed interest in supporting innovative models and pilots for private sector program expansion, particularly those targeting special populations such as youth. PRISM will maintain a relationship with Packard to learn lessons from such pilot activities. PRISM will examine promising in-depth pilots to identify models that may be appropriate for support.

### I6. Other CAs

PRISM will investigate the potential for the FriendlyCare Foundation to serve as a training supplier for FP in the workplace. In addition, the FriendlyCare clinics, with its cadre of trained FP providers, may comprise part of the workplace FP services referral system.

The project will collaborate with the Well-Family Parntership Foundation (WPFI) especially in the implementation of activities under PRISM's private practice service expansion component. WPFI may be tapped to help develop the training curriculum for the Midwife Entrepreneur Program (MEP). Based upon the evaluation of WPFI's capacity, it may also be identified as the institution to undertake midwife accreditation for FP services.

PRISM will also explore ways to work with DKT to support the organization's vision toward achieving operational sustainability. DKT, along with other companies offering affordable contraceptive products, will be linked as a supply source to midwife graduates of the MEP and to workplace clinics.

## Section J: Year 1 Budget Summary

The PRISM budget has been refined to correspond to our Year 1 Work Plan. Programmatic and staffing changes which presented themselves in the first months of the project are reflected in a separate detailed budget. Specific changes include:

- *Long-term Salaries*: All staff members were mobilized as originally envisioned. Thirteen local long-term positions are in the process of being filled for a variety of technical and administrative backstop areas.

- *Travel*: Regional travel was adjusted to reflect the need for component directors and technical managers to be more active in the field.

- *ODCs*: Adjustments have been made in the budget to include lease agreements that require a year's rent paid in full for our Manila based office.

- *Equipment, Vehicle, and Freight*: For most procurement including vehicles and computers the project has identified American made products that will comply with the “000” geographic code and save on shipping most items from the US.

- *Grants:* We anticipate that our grant component will reach full capacity by year two. We anticipate spending 60 percent of our year one grant funding and will justify the difference in the out years.

These changes have been reflected in a separate budget submission. Below is our budget summary by CLIN area and quarter. The PRISM project will continue to bill CLIN expenses as programmed and will not exceed the total budget for the project.

# Annex A:
# GANTT Timeline For Year One